**Town of Sheffield**
**Board of Health**
**21 Depot Square; PO Box 325**
**Sheffield, MA 01257**

Voice: 413-229-7000 x 157
Fax: 413-229-7010
TTY: 800-439-2370

# Septic Installer's Procedures

1. **Get Trained and Certified** by the Berkshire County Boards of Health Association or Tri-Town Health.
2. **Get an Installer's License from the Town of Sheffield Board of Health.** Complete the entire application and includes copies of your BCBOH or Tri-Town Health licenses and your Workmans Comp Insurance. You also need to certify that you've paid all state and local taxes and fees, as required.
3. **Get a Permit before beginning construction.** Each installation MUST have a currently licensed installer on the job. All work involving a tank, d-box or the septic field requires a permit. YOU are responsible for getting a copy of the septic permit before beginning construction. A building permit is not a valid septic permit.
4. **Read your permit carefully.** Check and make sure the date and plan number on your septic permit match the plans you have. Read and follow all special conditions.
5. **Call before beginning construction.** We want to be able to schedule your job to support your schedule, so call ahead and make sure the Board's septic inspector will be on site. We do inspect the excavation and/or fill operation. If you do not arrange for the inspection, you may be required to uncover your work or dig an observation hole next to the field.
6. **Final Inspections** should be scheduled after you are all done – not before. Please call the Board of Health septic inspector and the engineer the day before you think you will be done so both can schedule the required inspection before covering the work. Don't cover anything until both the engineer and Board's septic inspector approve the installation. Having water on site for the d-box inspection will make the inspections go more quickly.
7. **Plans and Actual Installation. T**he installation is to be substantially the same as the plans unless you have called the engineer and the Board of Health BEFORE installation and received verbal, followed by written, approval from both to make a modification. Call if you have having a problem BEFORE you proceed with the installation. If the installation requires a change from the plan, amended plans or accurate as-built drawing(s) are required to be filed with the Board.
8. **Sieve Analysis Required for Select fill**. If select fill is used, you are required to get a sieve analysis for each job and file it with the Board of Health. The select fill sieve analysis must be less than a month old.
9. **Liner Requirements.** Liners should go all the way from the pea stone cover to the bottom of the excavation or until you have at least 15 feet of material horizontally from the liner's end.
10. **Stone Requirements.** Stone should be clean and double washed. Reject any dirty load so the Board's Septic Inspector won't have to.
11. **Submit a final letter to the Board,** complete with the Engineering Firms final inspection sign-off, their sign-off on any changes to the plan, and final plan changes or accurate as-built drawing(s).
12. **Request your Certificate of Compliance** for your and your client's records. Each Certificate costs $15.

**(Revised 2/12)**

| |
|---|
| *Permit #:* _____ |
| *$50 Fee Paid:* _____ |
| *Issue Date:* _____ |

***Application must be accompanied by the $50 fee.***
***Check made payable to: "Town of Sheffield".***

# Town of Sheffield Board of Health

Town Hall, 21 Depot Square, 2nd Floor / PO Box 325, Sheffield, MA 01257-0325
413-229-7000 Ext 157 Fax: 413-229-7010 Email: boh@sheffieldma.gov

## APPLICATION FOR PERMIT TO INSTALL SEPTIC SYSTEMS

**As part of my application for a permit to install septic systems in the Town of Sheffield, I attest that:**

- I am familiar with the requirements of Title V of the State Environmental Code regarding the installation of septic systems;
- I have the appropriate equipment and skills needed for septic system installation;
- My company will not undertake a new installation, alteration or repair without first making sure that the Town of Sheffield Board of Health has been informed and has approved the proposed design and issued the appropriate permits;
- I will call and schedule required inspections;
- After an installation I will provide an Installation Certification Letter, As-Built plans and a current sieve analysis, as is appropriate.

All my installers have taken the Installer's Course from the Berkshire County Boards of Health Association (or Tri-Town Health Department) and have current Licenses.
YES _____ NO _____

I understand that if I do not have a current BCBOHA License, I must obtain my permit in person from the Board of Health office after an interview with the Board of Health Chair or Vice-Chair to determine my experience with septic installations. The fee for the Disposal System Construction Permit required for each installation will be $50. I agree to telephone the Board of Health at each stage of the installation.

Signed: _____ Date: _____

Name of Individual or Company: _____

Address: _____

Telephone: _____ Fax: _____

BCBOHA License #'s _____
(Please attach copy of licenses for all installers.)

Approved By _____ for the Board of Health

Conditions of Approval: _____ (Revised 2/12)

*$75 Fee Paid:* _____
*Permit Number* _____
*Issue Date* _____
*Lot:*_____ *Block:* _____
*Map:* _____
*If Map 15 or 16, Unit:*_____

***Application must be accompanied by the $75 fee.***
***Check made be made payable to "Town of Sheffield".***

# Town of Sheffield Board of Health

Town Hall, 21 Depot Square, 2nd Floor; PO Box 325; Sheffield, MA 01257
413-229-7000 x 157 Fax: 413-229-70105 Email: boh@sheffieldma.gov

## Application for Disposal System Construction Permit

**(Permit, when approved, is not transferable and is good for a maximum of two years.)**

Check: Type of Permit: ☐Repair ☐Upgrade ☐New Construction ☐Abandonment
☐Individual Components ☐Complete System Design Flow:_____(Gallons Per Day)

Address of Disposal System Installation: _____

Lot, Block & Map Number: _____ Owner's Name: _____

Owner's Address _____

Application submitted by _____ Phone_____ Fax # _____

Attached Plan Number _____ By _____ Dated _____

Sheffield BOH Licensed Installer _____ Fax # _____

Address and Phone Number _____

Notes: _____

_____

**Owner/Applicant Signature:** _____ **Date:** _____

## DISPOSAL SYSTEM CONSTRUCTION PERMIT

☐ House Plans Reviewed ☐ Outlet Filter and Riser to Grade ☐ Two-Compartment Septic Tank

OTHER CONDITIONS: _____

_____

**NOTE: Installer must phone Sheffield BOH before beginning construction.** Any changes to the plans or installation must have the written approval of the system designer and the Sheffield BOH. Before covering, all system components must be inspected by the system designer and Sheffield BOH. Within 30 days of completion, the Designer and Installer must submit an as-built sketch with ties to all system components and a letter certifying that the installation was done according to the plans and Title V. If certified fill is used, a current sieve analysis must also be submitted. No person shall discharge sewage to this system without first obtaining a Certificate of Compliance from the Sheffield BOH. The applicant, designer and installer should be aware of their obligation to comply with the regulations of the Division of Water Pollution Control pursuant to MGL c.21, s.43, the Wetlands Protection Act, MGL c.131, s.40, and the Bylaws and Regulations of the Town of Sheffield and the Sheffield Conservation Commission. The Owner/Applicant is hereby granted permission to work on the septic system at the above location as described and mapped in the Disposal System Construction Permit Application. All work is to be done in accordance with Sheffield BOH regulations and Title V of the State Environmental Code Chapter 310 CMR 15.00.

Trench Permit #_____Approved by the Sheffield BOH _____Date _____

*****Installer to comply with Trench Regulation 520 CMR 14.00 if required. Trench Permit required prior to commencing work.**

**Trench Permit may be obtained from the Town Administrator's Office: 413-229-7000 x 152** **(Revised 6/14)**

413-229-7000 X 157
Fax: (413) 229-7010
boh@sheffieldma.gov
www.sheffieldma.gov

# TOWN OF SHEFFIELD

## BOARD OF HEALTH

Town Hall, 21 Depot Square, 2nd Floor; PO Box 325
Sheffield, MA 01257 - 0325

Permit Number:_____

**POST-SEPTIC SYSTEM INSTALLATION CERTIFICATION LETTER**

**To be completed by Engineering Firm which designed the system**

(Please include all required information and As-Built Plans)

Company Name _____

Company Address _____

Job Supervisor _____

Telephone Number_____Fax Number _____

System Designed by_____
(If applicable)

Check One: ❒ Repair ❒ Upgrade ❒ New Construction ❒ Abandonment

Installation Date:_____ Property Owner's Name _____

The subsurface sewage disposal system and/or system components installed by the above named company at _____
(House Number and Street Name; Map/Block/Lot Number)

I certify the above system was constructed in compliance with 310CMR.15: *The State Environmental code Title V: Minimum requirements for the Subsurface Disposal of Sanitary Sewage*, all approved design plans and all local requirements and that a certified engineer from our firm made all the required inspections.

Any changes to the submitted design plans have been reflected on As-Built plans, which are attached. I understand As-Builts, if any, must be submitted to the Sheffield Board of Health by my firm prior to the issuance of a Certificate of Compliance. The As-Built plan(s) has been prepared in accordance with 310 CMR 15.220.

For repairs to the system components and new systems, an As-Built plan, including measurements from at least 2 reference points has been included.

_____ _____
Certified Engineer or Supervisor's Name Certified Engineer or Supervisor's Signature

Date: _____

**(Revised 2/12)**

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# TOWN OF SHEFFIELD

## BOARD OF HEALTH

Town Hall, 21 Depot Square, 2nd Floor; PO Box 325
Sheffield, MA 01257 - 0325

Permit Number:_____

## POST-SEPTIC SYSTEM INSTALLATION CERTIFICATION LETTER

**To be completed by System Installer**

(Please include all required information and As-Built Plans)

Company Name _____

Company Address _____

Job Supervisor _____

Telephone Number_____Fax Number _____

System Designed by_____
(If applicable)

Check One: ❒ Repair ❒ Upgrade ❒ New Construction ❒ Abandonment

Installation Date:_____ Property Owner's Name _____

The subsurface sewage disposal system and/or system components installed by the above named company at _____
(House Number and Street Name; Map/Block/Lot Number)

I certify the above system was constructed in compliance with 310CMR.15: *The State Environmental code Title V: Minimum requirements for the Subsurface Disposal of Sanitary Sewage*, all approved design plans and all local requirements and that a certified engineer from our firm made all the required inspections.

Any changes to the submitted design plans have been reflected on As-Built plans, which are attached. I understand As-Builts, if any, must be submitted to the Sheffield Board of Health by my firm prior to the issuance of a Certificate of Compliance. The As-Built plan(s) has been prepared in accordance with 310 CMR 15.220.

For repairs to the system components and new systems, an As-Built plan, including measurements from at least 2 reference points has been included.

_____ _____
Certified Installer or Supervisor's Name Certified Installer or Supervisor's Signature

Date: _____

**(Revised 2/12)**