



Town of Uxbridge Board of Health

21 South Main Street, Room 204

Uxbridge, MA 01569

Phone # (508) 278-8600 X 8 Fax # (631) 223-4307

Email: boh@uxbridge-ma.gov

PLAN REVIEW SUBMITTAL CHECK LIST FORM

THIS FORM MUST BE COMPLETED AND SUBMITTED WITH ALL PLANS (*INCLUDING REVISIONS*) TO THE BOARD OF HEALTH. **INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED FOR PLAN REVIEW.**

Uxbridge Permit number: _____ (*Obtained from Application for soils testing*)

Project Location: _____

Owner: _____

PE/RS: _____ Design Company: _____

Phone: _____

Type of Plan:	<input type="checkbox"/> New Construction	<input type="checkbox"/> Repair
	<input type="checkbox"/> 1 st Submittal (If this is not the 1 st submittal, attach review sheet from 1 st review)	

Type of System:

☐ Conventional System (Septic Tank, D-Box, SAS)

☐ Aggregate Free: _____ Infiltrator System

_____ Cultec System

☐ Presby System (*Include copy of Presby Certificate & all applicable forms*)

☐ Other (describe/attach DEP Approval Letter): _____

The 45- day review period will not commence until all of the following documents are received in the Board of Health Office:

- ☐ 1. Five (5) copies of design plan. Must be wet stamped by a Massachusetts Registered Professional Engineer (PE) or Registered Sanitarian (RS)
- ☐ 2. Application for Disposal Works Construction Permit
- ☐ 3. Completed Soils Testing Logs (if not already on file)
- ☐ 4. Application – Plan Review Request
- ☐ 5. Signed Homeowner Acknowledgement Form
- ☐ 6. Application for well site approval (new construction)
- ☐ 7. Check(s) for Plan Review Fee payable to “Town of Uxbridge” (non-refundable)
- ☐ 8. This form completely filled out

LOCAL UPGRADE/ VARIANCE REQUESTS: If not applicable, please check here: ☐

Local Upgrades pursuant to 310CMR 15.401

- ☐ Letter requesting reason and application for upgrade
- ☐ DEP Form 9A

Abutter notification (choose one)

- ☐ Local upgrade requiring abutter(s) notification –Public Meeting required
Note: Notification to abutters shall be provided at least 10 days prior to the Board of Health meeting where the application is for the reduction in the setback from a property line or from a private water supply well. ***The Local Upgrade will not be placed on a BOH Agenda until the septic plan has been approved.***
- ☐ Local upgrade not requiring abutter(s) notification.
The Board of Health may require a meeting to approve the upgrade request. ***The Local Upgrade will not be placed on a BOH Agenda until the septic plan has been approved.***

Local variance requests

- ☐ Variance from a **Local** bylaw or regulation.
Submit a letter stating the reason for not being able to comply with the Local Bylaw or Regulation. Cite regulation number where variance is requested. The Board of Health will require a meeting to approve the upgrade request. ***The Local Variance will not be placed on a BOH Agenda until the septic plan has been approved.***

State Variance requests pursuant to 310CMR 15.410

- ☐ State Variance requires all abutter(s) surrounding the property to be notified. **A PUBLIC HEARING IS REQUIRED**
A letter is to be submitted with this review requesting the variance and the reason for the variance.
Note: Notification to abutters shall be provided at least 10 days prior to the Board of Health meeting where the Hearing is to take place. ***The Public Hearing will not be placed on a BOH Agenda until the septic plan has been approved.***

For Board of Health use only

Date of Submittal: _____

- ☐ Application is Complete. (Chapter 111 § 31E of the Annotated Laws of Massachusetts state that a Board of Health shall act upon a completed application for construction of an on-site sewage disposal system within 45 days from the date of the filed completed application.)
- ☐ Application is **NOT** complete. The highlighted areas are incomplete – ***the 45-day review period has NOT begun.***

Uxbridge Permit # _____
(taken from Application for soils testing)

APPLICATION FOR REQUEST FOR PLAN REVIEW

FEES: Residential: \$650.00
Commercial: \$850.00

DATE: _____

Review fees paid at this time are for both plan reviews and system inspections.
Subsequent reviews when necessary will be charged a fee of \$75.00 per review.

(Town of Uxbridge Plan Review Application Completeness Form must be submitted with this application)

I HEREBY MAKE REQUEST TO THE UXBRIDGE BOARD OF HEALTH FOR A PLAN
REVIEW OF A SUBSURFACE SEWAGE DISPOSAL SYSTEM LOCATED AT:

THE CURRENT OWNER OF THIS PROPERTY IS: _____

DESIGN ENGINEER: _____

AT COMPLETION OF PLAN REVIEW PLEASE CONTACT:

NAME: _____

PHONE #: _____

Signature of Owner/Agent

Property Owners Acknowledgement Form

The Board of Health would like to ensure that you as the property owner understand the procedures, timeframes and phases for the design, approval, installation and certification of an On-Site Sewage Disposal System (Septic System). Please read this form carefully and sign where indicated. This form will be submitted by your design professional along with plans and specifications for your septic system. If you have any questions please do not hesitate to contact this office.

DESIGN/APPROVAL PHASE

Since this form is being submitted with the design plans, soils testing (percolation and deep hole testing) have already been performed. Your design professional will submit to the Board of Health the designed plans along with other required State and Local forms. Once that application has been deemed complete, the Board of Health has 45 days to review and act upon the submission. You should note that if a plan is not approved a new 45 day "clock" will start on re-submission of the plans. During this phase your design professional may need approval in the form of a variance or local-upgrade approval that will require a hearing before the Board of Health. In some cases your abutters may need to be notified. Once this process is complete your plan will be approved and you will be ready to install your septic system.

INSTALLATION PHASE

Once your system is approved, you will need to have it installed. You must hire a Septic System Installer who is licensed in the town to install. Your Design Professional can help you with this choice. Once chosen the Installer will obtain a permit from the Board of Health to start construction. You should be aware that during inclement weather or the winter season, the installation of systems may be postponed or shut down until the weather conditions warrant. There will be a total of four inspections performed both by the Design Professional and the Board of Health. The Board of Health does a visual inspection only at this time, where the Design Professional will ensure that elevations and locations of the system are being installed in accordance with the approved design plan. The installer will not be allowed to proceed until they have heard from both the Design Professional and the Board of Health. Once the system has been fully constructed both the installer and Design Professional will certify to the installation of the system.

CERTIFICATE OF COMPLIANCE PHASE

Upon completion of the installation both the Installer of the system and the Design Professional are required to submit "as-built" paperwork to the town. This paperwork states that both the Installer and Design Professional certify they have installed and inspected the Sewage Disposal System in accordance with the applicable design plans and specifications. Once all paperwork has been submitted and is found to be in order a Certificate of Compliance (COC) will be issued.

This form is VERY important to you as it states that the septic system has been installed and is in compliance with all State and Local Regulations. This form will be needed for Tax purposes and will be valuable in the sale of your home.

Please understand at this point that it is your responsibility to ensure that your Design Professional and Licensed Installer submit all the required paperwork to the town. The Board of Health does not "chase after" paperwork but only acts on paperwork that is submitted to our office.

Again if you have any questions about the procedures, process or any other aspects of the installation of a septic system, please do not hesitate to contact the Board of Health.

Property Owners please fill out and sign below:

Name of Property owner: _____

Location of Property: _____

Assessors Map and Parcel number: MAP _____ PARCEL _____

Signature of Property Owner _____ Date _____
(must be property owner - not an agent)

By my signature above I (the property owner) _____
Print name

Certify that I have read the above-mentioned form as it pertains to the design and construction of the on-site Sewage Disposal System located at the above-mentioned property.