

Commonwealth of Massachusetts
 City/Town of Worcester
Local Upgrade Approval
Form 9B

DEP has provided this form for use by local Boards of Health if they choose to do so.

The Local Upgrade Approval is to be completed by the local Board of Health and a signed copy provided to the system owner.

A. Facility Information

Important:
 When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



1. Facility Name and Address

 Name

 Street Address

 City/Town

 State

 Zip Code

2. Owner Name and Address (if different from above):

 Name

 Street Address

 City/Town

 State

 Zip Code

 Telephone Number

3. Type of Facility (check all that apply):

Residential Institutional Commercial School

4. Design flow per 310 CMR 15.203:

_____ gpd

5. System Designer:

 Name PE RS

 Address _____
 City/Town State, ZIP

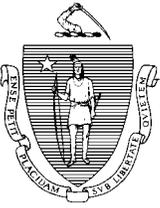
B. Approval

1. Local Upgrade Approval is granted for:

Reduction in setback(s) – specify:

Reduction in SAS area of up to 25%:

 SAS size, sq. ft. % reduction



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B. Approval (continued)

- Reduction in separation between the SAS and high groundwater:

Separation reduction _____
ft.

Percolation rate _____
min./inch

Depth to groundwater _____
ft.

- Relocation of water supply well (explain):

- Reduction of 12-inch separation between inlet and outlet tees and high groundwater

- Use of only one deep hole in proposed disposal area

- Use of a sieve analysis as a substitute for a perc test

List local variances granted not requiring DEP approval per 310 CMR 15.412(4):

List variances granted requiring DEP approval:

Approving Authority

 Print or Type Name and Title

 Signature

 Date