



Commonwealth of Massachusetts
 City/Town of
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:

Approving Authority

 Print or Type Name and Title

 Signature

 Date