

**TOWN OF DRACUT**  
**Department of Public Health**  
**11 Spring Park Avenue**  
**Dracut, MA 01826**  
**(978) 453-8162**

**Check List for Septic System Designs**

**Address: House#** \_\_\_\_\_ **Lot#** \_\_\_\_\_ **Street:** \_\_\_\_\_

Two (2) complete sets of scaled plans and specifications for the purpose of obtaining a permit to be issued by the Board of Health shall include:

- a. Location of test pits and percolation test holes including tests at expansion area. \_\_\_\_\_
- b. Soil log to bottom of test pits. 8½ x 11 sheets \_\_\_\_\_
- c. Relevant percolation data including dates, rates and saturation time. \_\_\_\_\_
- d. Ground water elevations and studies (with reference to a fixed bench mark) to a minimum depth of 7'0 below the proposed finish grade over the disposal field. \_\_\_\_\_
- e. Existing and proposed contours of disposal field and dwelling locus with respect to a fixed permanent bench mark, scale not greater than 1" - 40'. \_\_\_\_\_
- f. Locations of ledge outcroppings, brooks, streams, and lowlands if any within 200 feet. \_\_\_\_\_
- g. Elevation of plumbers pipe, septic tank and distribution box inlets and outlets, field piping and other elevations where change in grade occur. \_\_\_\_\_
- h. Elevation of dwelling basement floor, must be at least 2' above water table. (amended June 25, 1987) \_\_\_\_\_
- i. Cross section of disposal field or trenches. \_\_\_\_\_
- j. Profile of system with elevations. \_\_\_\_\_
- k. Location of proposed well if required together with a location of adjoining lot wells and disposal systems. \_\_\_\_\_
- l. Location of proposed town water service. \_\_\_\_\_
- m. Location of street and lot drainage improvements (swales and/or drains). \_\_\_\_\_
- n. Lot metes and bounds. \_\_\_\_\_
- o. Lot areas and size. \_\_\_\_\_
- p. Computations of design criteria. \_\_\_\_\_
- q. Expansion area location equal to 100% of original disposal system. \_\_\_\_\_

r. Where pump is required, details must be included to indicate dosing tank dimensions, H.W.L. and L.W.L. designs together with pump details and specifications.

\_\_\_\_\_

s. Plan shall bear the stamp of the registered professional engineer, the name of the soil evaluator and/or registered sanitarian who prepared and will supervise the design of the disposal system.

\_\_\_\_\_

t. Exact location of the proposed building and size.

\_\_\_\_\_

u. Lot #, subdivision and street address if available.

\_\_\_\_\_

v. Cellar floor drains or footing drains.

\_\_\_\_\_

w. Names of all abutters to the land.

\_\_\_\_\_

x. Plan must state that the system is 100 feet away from any wetlands.

\_\_\_\_\_

y. Copy of proposed plot plan or septic design must be stamped with registered land surveyor stamp.

\_\_\_\_\_

z. Plan must state that it meets all regulations of the Dracut Board of Health and Title 5.

\_\_\_\_\_

• **This check list must be stamped and signed below.**

I, \_\_\_\_\_, registered sanitarian/registered professional engineer with the Commonwealth of Massachusetts, hereby certify that the plans submitted to your office for the proposed subsurface disposal system to be located at \_\_\_\_\_ meet all the requirements of Title 5 and the Dracut Board of Health regulations.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Print: \_\_\_\_\_

SEAL/STAMP