

TOWN OF BARNSTABLE

LOCATION _____ SEWAGE # _____

VILLAGE _____ ASSESSOR'S MAP & PARCEL _____

INSTALLER'S NAME & PHONE NO. _____

SEPTIC TANK CAPACITY _____

LEACHING FACILITY: (type) _____ (size) _____

NO. OF BEDROOMS _____

OWNER _____

PERMIT DATE: _____ COMPLIANCE DATE: _____

Separation Distance Between the:

Maximum Adjusted Groundwater Table to the Bottom of Leaching Facility _____ Feet

Private Water Supply Well and Leaching Facility (If any wells exist on
site or within 200 feet of leaching facility) _____ Feet

Edge of Wetland and Leaching Facility (If any wetlands exist within
300 feet of leaching facility) _____ Feet

FURNISHED BY _____