



TOWN OF MENDON

BOARD OF HEALTH

18 Main Street | Mendon, MA 01756

PH: (508) 634-2656 | Email: BOH@MendonMA.Gov

REQUEST FOR ADDITIONAL SEPTIC DESIGN PLANS REVIEW

FEE: \$125 (Check payable to: Town of Mendon)

Date: _____

I hereby make a request to the Mendon Board of Health for an additional review of the Disposal System Construction Plans previously submitted for review:

Property Location _____

Type of Plan for Additional Review

☐ NEW/REPAIR PLAN(s) ☐ AS-BUILT PLAN(s)

Plan's Original Design Date _____

Name of Design Plan Engineer _____

Phone Number _____

Reason for Additional Plan Review

Name of Applicant (Please Print) _____

Signature of Applicant _____

BOARD OF HEALTH USE ONLY

COMMENTS:

Signature of Board of Health Member/Agent: _____

Date: _____