



## TOWN OF MENDON

### BOARD OF HEALTH

18 Main Street | Mendon, MA 01756

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

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## 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:*

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### Property Location

#### Type of Plan for Additional Review

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

Plan's Original Design Date

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Name of Design Plan Engineer

Phone Number

#### Reason for Additional Plan Review

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Name of Applicant (Please Print)

Signature of Applicant

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## BOARD OF HEALTH USE ONLY

#### COMMENTS:

Signature of Board of Health Member/Agent: \_\_\_\_\_

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