

Phone: 508-647-6460  
 Fax: 508-647-6466

OFFICE OF THE  
 BOARD OF HEALTH  
 13 EAST CENTRAL STREET  
 NATICK, MA 01760

health@natickma.org  
<https://www.natickma.gov/>

**Application for Review and Approval of Installation Plans and Specifications  
 for Underground Storage Tank**

DATE: \_\_\_\_\_

FEE: \_\_\_\_\_  
 Nonrefundable

This application will not be accepted unless completed in full and accompanied by plans containing an illustration of the proposed site and the positioning of all tanks on site (proposed and existing or pre-existing) with relation to other structures of significant land marks, in addition to the following:

- Include information on corrosion protection devices & leak detection or monitoring systems
- Tank to be anchored on concrete slab
- Position of monitoring wells to be included in site sketch
- Depth to high ground-water level & the date of or source of water level determination at the site
- Distance to known surface water bodies within 2,000 ft.
- Plan must be dated and signed by the preparer (no technical 'qualifications' necessary)
- For approval, **prior to installation**, Health Dept. to witness the hole, before or after concrete pad
- Health Department Agent to witness installed tank **prior to backfill**
- Natick Fire Department Prevention Office must be contacted at 508-647-9556

Name of Contractor: \_\_\_\_\_ Office Telephone: \_\_\_\_\_

Contractor Mailing Address: \_\_\_\_\_

Point of Contact Name & Telephone Number: \_\_\_\_\_

Property Owner Name and Mailing Address: \_\_\_\_\_

Proposed location address:	Map & Lot:
Tank Manufacturer:	Number of proposed tanks:
Materials of tank(s) construction:	Proposed capacity:
Model Number or equivalent identifier:	Proposed contents:
Type of Leak Detection System:	

Refer to Town of Natick By-Law Article 81 Chemical Storage Tanks & Systems for other requirements - <http://www.natickma.gov/1154/Article-81---Chemical-Storage-Tanks-and->

Applicant:  Contractor  Property Owner

Applicant Print Name \_\_\_\_\_ Applicant Signature \_\_\_\_\_ Applicant Telephone \_\_\_\_\_

<i>For office use:</i>				Date	Health Agent
2000' of potable water supply	Y	N			
4' high ground water level	Y	N	Site Inspection, OK to Install		
corrosion prevention	Y	N			
leak detection	Y	N	Inspection prior to backfill		
monitor system	Y	N			

REPLACEMENT OF EXISTING TANKS: **NO** **YES, # Removed** \_\_\_\_\_

Kindly submit this completed application and payment in a check payable to the Town of Natick to the above address