



Commonwealth of Massachusetts
 City/Town of
**Application for Disposal System
 Construction Permit**
 Form 1A

For Minor Repairs
 Fee \$75.00
 Make checks payable to:
 Town of Hubbardston

TOWN OF HUBBARDSTON
 7 Main St. – Unit #2
 HUBBARDSTON, MA 01452
 978-928-1400 Ext. 212

A. Facility Information

Application is hereby made for a permit to: Construct a new on-site sewage disposal system
 Repair or replace an existing on-site sewage disposal system
 Repair or replace an existing system component

1. Location of Facility: **Map** _____ **Parcel** _____

Address or Lot # _____

City/Town _____

State _____

Zip Code _____

2. Owner Information

Name _____

Address (if different from above) _____

City/Town _____

State _____

Zip Code _____

Telephone Number _____

3. Installer Information

Name _____

Name of Company _____

Address _____

City/Town _____

State _____

Zip Code _____

Telephone Number _____

4. Designer Information

Name _____

Name of Company _____

Address _____



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A. Facility Information (continued)

5. Type of Building:

Dwelling

Garbage Grinder (check if present)

Other: Type of Building _____

Number of Persons Served _____

Showers

Number of showers _____

Cafeteria

Other fixtures

Specify other fixtures: _____

6. Design Flow:

_____ Gallons per Day

Calculated Daily Flow:

_____ Gallons

7. Plan:

_____ Date of Original

_____ Number of Sheets

_____ Revision Date

_____ Title of Plan

8. Description of Soil:

9. Nature of Repairs or Alterations (if applicable):



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10. Date last inspected:

_____ Date

B. Agreement

The undersigned agrees to ensure the construction and maintenance of the aforescribed on-site sewage disposal system in accordance with the provisions of Title 5 of the Environmental Code and not to place the system in operation until a Certificate of Compliance has been issued by this Board of Health.

 Signature

 Date

Application Approved By:

 Name

 Date

Application **Disapproved** for the following reasons:

No Debt is Owed: _____	Debt is Owed: _____
Signature of Tax Collector:	Date:

Pursuant to the provisions of MGL Chapter 40, Section 57, certification that no debt is owed to the Town of Hubbardston by the applicant or the owner of record must be obtained from the Tax Collector before this form is submitted to the Board of Health.