



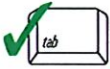
Commonwealth of Massachusetts
City/Town of HATFIELD
**Application for Disposal System
Construction Permit**
Form 1A

Number _____
\$250.00
Fee _____

DEP has provided this form for use by local Boards of Health if they choose to do so. Before using the form, check with your local Board of Health to make sure that they will accept it.

A. Facility Information

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



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:

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 _____

City/Town _____ State _____ Zip Code _____

Telephone Number _____



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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

1

Number of Sheets

Revision Date

Title of Plan

8. Description of Soil:

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

10. Date last inspected:

Date



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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:
