



Hadley Board of Health

100 Middle Street 1st Floor Hadley, MA 01035

Email - health@hadleyma.org

Phone - 413-584-4562



Public Health
Prevent. Promote. Protect.

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

Application for Permit to: Construct Repair Upgrade Abandon
 Complete System Individual Components

Location	Owner's Name
Map/Parcel #	Address
Lot #	Telephone
Installer's Name	Designer's Name
Address	Address
Telephone	Telephone

Type of Building _____ Lot Size _____ sq. ft.
 Dwelling – No. of Bedrooms _____ Garbage Grinder
 Other: Type of Building _____
 No. of Persons _____ Showers Cafeteria
 Other Fixtures _____
 Design Flow (min. required) _____ gdp Calculated design flow _____ gdp
 Design Flow Provided _____ gdp
 Plan: Date _____ Number of Sheets _____ Revision Date _____
 Title _____
 Description of Soil(s) _____
 Soil Evaluator Form No. _____ Name of Soil Evaluator _____
 Date of Soil Evaluation _____

DESCRIPTION OF REPAIRS OR ALTERATIONS _____

The undersigned agrees to install the above-described Individual Sewage Disposal System in accordance with the provisions of Title 5 of the Environmental Code and further agrees not to place the system in operation until a Certificate of Compliance has been issued by the Hadley Board of Health.

Signed _____ Date _____
 Inspections _____

Mail: Completed application & payment of \$150.00 for annual permit payable to "Town of Hadley" to the: Town of Hadley – Board of Health 100 Middle Street Hadley, MA 01035