



Commonwealth of Massachusetts
Town of Hudson
**Application for Disposal System
Construction Permit**
78 Main Street, Hudson, MA 01749

Number

\$150

Fee

Telephone (978) 562-2020

This form is designed by Massachusetts Department of Environmental Protection, and adopted for use by the Hudson Board of Health. Please contact us for the fee schedule.

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 _____

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 Hudson Board of Health.

Signature

Date

Note: Please submit DEP Form 11 (Soil Suitability Assessment) & Form 12 (Percolation Test) with this Application, except for repair of a single component.

Application Approved By:

Name

Date

Name

Date

Name

Date

Application **Disapproved** for the following reasons:

