



Board of Health  
78 Main Street  
Hudson, MA 01749  
(978) 562-2020

*To be completed by the Board of Health:*

Date Submitted:

Fee (\$125 per lot):

Evaluation Date Scheduled:

## Request for Site Evaluation for Subsurface Sewage Disposal System

*Please print:*

|  |  |                            |  |                   |  |
|--|--|----------------------------|--|-------------------|--|
| Applicant:   |  |                            |  | Phone:            |  |
| Street Address:  |  | Town:                      |  | State & Zip Code: |  |
| Owner (if different):  |  |                            |  | Phone:            |  |
| Street Address:  |  | Town:                      |  | State & Zip Code: |  |
| <b>Evaluation Location</b>   |  |                            |  |                   |  |
| Street Address   |  | Assessor's Map & Parcel #: |  |                   |  |
| <i>If no street address is available, please provide closest intersection and/or directions to the location:</i> |  |                            |  |                   |  |
|  |  |                            |  |                   |  |
| Professional Engineer or Registered Sanitarian:  |  |                            |  | Phone:            |  |
| Street Address:  |  | Town:                      |  | State & Zip Code: |  |

I understand that it is my responsibility to:

1. Secure a Professional Engineer or Registered Sanitarian who is also a certified Soil Evaluator and trained to conduct soil evaluation for subsurface sewage disposal systems.
2. Secure the right to enter on to the property and perform the evaluation.
3. Secure sufficient equipment including backhoes and/or excavators and water to do all required tasks, as required under Title 5 regulations, without undo delay.
4. Secure a Trench Permit from the Hudson Fire Department.
5. Secure any other approval required by any other state or local agency (e.g. Conservation Commission, Dig Safe, etc.).
6. Have at least one deep test hole and one percolation test hole prepared in each leaching area by the time specified by the Board of Health.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date