



Hardwick Board of Health

PO Box 575, Gilbertville MA 01031

Telephone (413) 477-6197 x108

Fax (413) 477-6703

Email: boh@townofhardwick.com

TITLE 5 WITNESS/REPORT APPLICATION

**PLEASE REMEMBER TO NOTIFY DIG SAFE AT 1-888-DIG-SAFE
(1-888-344-7233) BEFORE COMMENCEMENT OF THIS PROJECT.**

Applicant: _____

(Address)

(Telephone Number)

Location of Property: _____

Title 5 Inspector: _____ Telephone # _____

FEE: \$155.00

INSTRUCTIONS:

This application must be submitted to the Board of Health with a check or money order made payable to the Town of Hardwick. All Title 5 inspections must be coordinated with the Board of Health Agent at 978 413 6507.

Distribution box cover and septic tank covers must be open.

No components can be pumped until witnessed by the Board of Health.

Groundwater determinations are to be made by Title 5 accepted procedures.

Applicant Signature

Date