



# Hardwick Board of Health

PO Box 575, Gilbertville MA 01031

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## 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