



TOWN OF UXBRIDGE
BOARD OF HEALTH
TOWN HALL
21 SOUTH MAIN STREET, ROOM #204
UXBRIDGE, MA 01569
508-278-8600 x 8
boh@uxbridge-ma.gov

Uxbridge Permit # _____
(taken from Application for soils testing)

APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT

Application for a Permit to: Construct ☐ Repair ☐ Upgrade ☐ Abandon ☐

☐ Complete System

☐ Individual Components (check box) *SAS not included*

Septic Tank

☐

D-Box

☐

Pump Chamber

☐

Other

☐

explain _____

Location	Owner's Name
Map/Parcel #	Address
Lot #	Telephone #
Soil Evaluator	Design Engineer
Address	Address
Telephone #	Telephone #

Plan: Date _____ Number of sheets _____

Title of Plan: _____

Description of Repairs and/or Alterations: _____

For office use only:

☐ Application Approved

Date Issued: _____ Board of Health: _____