

## Town of Hamilton Board of Health

577 Bay Road / P.O. Box 429 S. Hamilton, MA 01982 978-468-5579; Fax 978-468-5582

## **Application for Septic System Operation and Maintenance Provider License**

FEE \$25.00 Payable to the Town of Hamilton (Fee waived for 2017)

In accordance with M.G.L. c.111, Section 31, the undersigned makes application to the Hamilton Board of Health for permission to conduct Operation and Maintenance (O&M) inspections for:

Please Select:	
	st be a Class II Wastewater Treatment Plant Operator)
	nsed Hamilton Septic Installer or a Class II Wastewater
Treatment Plant Operator)	
Name of O&M Provider:	
Email Address:	
Business Name:	
Business Mailing Address:	
Business Phone #:	Business Fax #:
Name of Owner/Corporation Name:	
Please include with this application:	
Addresses of all septic systems you maintain	n in Hamilton (I/A or Pressure Distributed)
Insurance Certificate - general liability - \$10	· · · · · · · · · · · · · · · · · · ·
Workers compensation insurance affidavit	t É
Copy of your Class II Wastewater Treatmen	t Plant Operator License (if you maintain I/A systems)
Copy of your picture Identification	
\$25 Fee (waived for 2017)	
Pursuant to M.G.L. Ch. 62C, Sec. 49A, I certify under the pains and penalties of perjury, that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under law.  I certify that the information I have provided above is true and accurate. I agree to comply with Title 5 and any rule	
Signature of Applicant: O&M Provider	Signature Corporate Office (if applicable)

<sup>\*\*</sup> If your complete application is not received by August 1<sup>st</sup> you will be assessed the \$50.00 late fee which must be paid before the application is processed.