



# 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

License expires annually on December 31st

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:*

- Innovative/Alternative (I/A) Septic Systems (must be a Class II Wastewater Treatment Plant Operator)  
 Pressure Distributed Leach Areas (must be a licensed 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: \_\_\_\_\_

If company has additional employees please list all on back side of application and include a copies of each employee's licenses.

Please include with this application:

- Addresses of all septic systems you maintain in Hamilton (I/A or Pressure Distributed)  
 Workers compensation insurance affidavit  
 Copy of your Class II Wastewater Treatment Plant Operator License (if you maintain I/A systems)  
 Copy of your picture Identification  
 \$25 Fee (for owner/company combined)

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 rules, regulations or policy of the Town of Hamilton. **I agree to submit O & M reports to the Board of Health and owner within 30 days of the O&M inspection, and understand that failure to do so will result in suspension of O&M license.**

\_\_\_\_\_  
Signature of Applicant: O&M Provider

\_\_\_\_\_  
Signature Corporate Office (if applicable)

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