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 copy 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.