



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 Title 5 Septic System Inspector 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 Title 5 Septic System Inspections in the Town of Hamilton.

Name of Title 5 Inspector: _____

Email Address: _____

Business Name: _____

Business Mailing Address: _____

Business Phone #: _____ Business Fax #: _____

Name of Owner/Corporation Name: _____

Please include with this application:

- ___ Workers compensation insurance affidavit
- ___ Copy of your DEP-Approved Title 5 Septic System Inspector card
- ___ Copy of your picture Identification
- ___ \$25 Fee

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 conduct a thorough and complete inspection, including ground water investigation, and to submit complete and accurate inspection reports; I understand that failure to do so will result in suspension of the Hamilton Title 5 Inspector License.**

Signature of Title 5 Inspector

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