

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:	
	be a Class II Wastewater Treatment Plant Operator)
Pressure Distributed Leach Areas (must be a license	ed Hamilton Septic Installer)
Name of O&M Provider:	
Email Address:	
Business Mailing Address:	
	Business Fax #:
Name of Owner/Corporation Name:	
Please include with this application:	
Addresses of all septic systems you maintain in Insurance Certificate - general liability - \$100,	,
Workers compensation insurance affidavit	
	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 knowledge and belief, have filed all state tax returns a	ne pains and penalties of perjury, that I, to the best of my nd paid all state taxes required under law.
regulations or policy of the Town of Hamilton. I agree	is true and accurate. I agree to comply with Title 5 and any rules, e to submit O & M reports to the Board of Health and owner nd 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 August $\mathbf{1}^{\text{st}}$ you will be assessed the \$50.00 late fee which must be paid before the application is processed.