



PERMIT #: \_\_\_\_\_

## APPLICATION FOR DISPOSAL WORKS INSTALLER'S PERMIT (PERMITS EXPIRE YEARLY ON DECEMBER 31ST)

\_\_\_\_\_  
BUSINESS NAME

PLEASE ATTACH THIS PAGE WITH YOUR COMPLETED APPLICATION **(PAGES 2 - 5)**

**IMPORTANT:**  
When filling out  
Forms on the  
computer, use  
**TAB** key to move  
to next line – **DO**  
**NOT USE** the  
ENTER key.



- ☐ Certificate of Insurance for Liability with the **Mendon Board of Health** listed as a Certificate Holder (emailed directly from your insurance company)
- ☐ Certificate of Insurance for Workers' Compensation with the **Mendon Board of Health** listed as a Certificate Holder (emailed directly from your insurance company)
- ☐ Massachusetts REAP Attestation (Page 4)
- ☐ Workers' Compensation Insurance Affidavit: General Business form must be filled out completely (Page 5)
- ☐ Current Copies of Hoisting License for Each Listed Installer
- ☐ 3 Copies of Current Installers Licenses, showing the listed Name of the Licensed Installer, issued from other Cities/Towns, **IF** not previously licensed in the Town of Mendon.
- ☐ Non-Refundable Fee of \$125 (Check made payable to the Town of Mendon)

**\*\* PLEASE NOTE THAT SIGNATURES ARE REQUIRED ON PAGES 3, 4 and 5 \*\***

Applicants may either mail their information or apply in person at the Board of Health office.  
The office hours are Monday thru Thursday from 7:00 a.m. – 4:00 p.m. CLOSED ON FRIDAY'S

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### BOARD OF HEALTH OFFICE USE ONLY

APPLICATION APPROVED: ☐ YES ☐ NO

NOTES: \_\_\_\_\_

\_\_\_\_\_  
Signature of Board of Health Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Board of Health Member

\_\_\_\_\_  
Date



## Town of Mendon

### Board of Health

18 Main Street | Mendon, MA 01756

PH: (508) 634-2656 | Email: BOH@MendonMA.Gov

**FEE: \$125.00**

# APPLICATION FOR DISPOSAL WORKS INSTALLERS PERMIT

☐ **NEW APPLICATION**

☐ **RENEWAL APPLICATION**

## 1. BUSINESS CONTACT INFORMATION

Business Name	Owner/Applicant Name		
Business Physical Address	City/Town	State	Zip Code
Business Mailing Address (If Different from Above)	City/Town	State	Zip Code
Business Phone Number	Contact Email Address		

## 2. BUSINESS INFORMATION

**BUSINESS ENTITY IS A(N):** ☐ Corporation ☐ Partnership ☐ Association ☐ Individual

☐ Other Entity: \_\_\_\_\_

- List the names of Officers if Corporation
- If Partnership or Association, list the names of the Partners and/or Managers.

Name 1	<input type="checkbox"/> President <input type="checkbox"/> Partner	<input type="checkbox"/> Treasurer <input type="checkbox"/> Manager	<input type="checkbox"/> Clerk
Address for Name 1	City/Town	State	Zip Code
Phone Number	Email Address		

Name 2	<input type="checkbox"/> President <input type="checkbox"/> Partner	<input type="checkbox"/> Treasurer <input type="checkbox"/> Manager	<input type="checkbox"/> Clerk
Address for Name 2	City/Town	State	Zip Code
Phone Number	Email Address		

Name 3	<input type="checkbox"/> President <input type="checkbox"/> Partner	<input type="checkbox"/> Treasurer <input type="checkbox"/> Manager	<input type="checkbox"/> Clerk
Address for Name 3	City/Town	State	Zip Code
Phone Number	Email Address		

I hereby apply for a Disposal Works Installer's Permit required by Regulation 15.05 (2) of Title V of the State Environmental Code and the Regulations of the Mendon Board of Health for the qualified Person(s) listed below, who will be installing under this permit. I understand that this Installer's License will be issued to the listed Licensed Installer below and is not transferable.

**AS THE LICENSED INSTALLER, YOU ARE RESPONSIBLE FOR ALL ASPECTS OF CONSTRUCTION, ALTERATION, INSTALLATION, OR REPAIR OF ANY INDIVIDUAL SEWAGE DISPOSAL SYSTEM AND YOU ARE RESPONSIBLE FOR THE ADDITIONAL INSTALLER(S) YOU HAVE AUTHORIZED TO PERFORM WORK UNDER YOUR LICENSE.**

**AS THE LICENSED INSTALLER, ALL CERTIFICATES OF COMPLIANCE (FORM 3) MUST BE SIGNED BY YOU, REGARDLESS OF WHO COMPLETED THE WORK.**

**COPIES OF CURRENT HOISTING LICENSE FOR EACH MUST BE INCLUDED.**

\_\_\_\_\_  
Name of Licensed Installer

\_\_\_\_\_  
Name of Additional Installer – 1

\_\_\_\_\_  
Name of Additional Installer – 2

\_\_\_\_\_  
Name of Additional Installer – 3

### **MASSACHUSETTS GENERAL LAWS REGARDING INJURY TO SURFACE OF WAY**

Injury to surface of way; traction engines and heavy vehicles; permits; regulations; liability.

Except as provided in section nineteen A of chapter ninety, no vehicle shall travel or object be moved, on any public way, which has any device attached to or made a part of its wheels or the rollers or other supports on which it rests, which will injure the surface of the way; nor shall any vehicle travel or object be moved, on any public way, which weighs more than fourteen tons, or in the case of a vehicle equipped with pneumatic tires, more than fifteen tons, without a permit from the board or officer having charge of such way provided, that not such permit shall be required for the operation of a vehicle having three axes, whether or not so equipped, which does not weigh more than twenty tons. No vehicle shall travel, or object be moved, on any public way, the weight of which resting on the surface of such way exceeds eight hundred pounds upon any inch of the tire, roller or other support, without such a permit. All the aforesaid limitations as to weight shall be inclusive of the load. (MGL Ch. 85 P. 30)

Any person violating any provision of section thirty, thirty A, or thirty-one, or the regulations made or permits granted under authority thereof shall be punished by a fine on not more than one hundred dollars (\$100.00), to be paid to the commonwealth when state highways are injured and to the county, city, or town when any public way is injured which is under the care of said county, city or town, for use on the public ways of said county, city or town.

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The undersigned agrees that he/she has read and understands the requirements of 310 CMR 15.00 the State Environmental Code Title V Subsurface Disposal of Sanitary Sewage and also agrees to abide by them. The undersigned has read and will follow the septic inspection requirement set by the Mendon Board of Health. Also, the undersigned understands that any violation of these regulations and the requirements of the Mendon Board of Health will be sufficient cause for revocation of the Disposal Works Installers Permit. The undersigned also agrees that he/she has read and understands the requirements of MGL Regarding Injury to Surface of Way and also agrees to abide by them and bears all responsibility to any listed additional installer(s).

\_\_\_\_\_  
**SIGNATURE OF LICENSED INSTALLER**

\_\_\_\_\_  
**DATE**



## MASSACHUSETTS DEPARTMENT OF REVENUE

### **REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION**

This request is made under the authority pursuant to Massachusetts General Law Ch. 62C. Section 49A.

I certify under the Penalties of Perjury That I Have Filed All Massachusetts State Tax Returns and Paid ALL Massachusetts State and Town Taxes Required under Law.

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Company's Physical Address City State Zip

\_\_\_\_\_  
Company's Mailing Address (If Different from Above) City State Zip

\_\_\_\_\_  
Company's Phone Number

\_\_\_\_\_  
**\*Signature of Individual (Mandatory)**

\_\_\_\_\_  
**By: Corporate Officer (Mandatory, If Applicable)**

\_\_\_\_\_  
**\*\*Social Security # (Voluntary) or Federal Identification Number**

\* This license will not be issued unless this certification clause is signed by the applicant.

\*\* Your Social Security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation.



*The Commonwealth of Massachusetts*  
*Department of Industrial Accidents*  
*Office of Investigations*  
*Lafayette City Center*  
*2 Avenue de Lafayette, Boston, MA 02111-1750*  
*www.mass.gov/dia*

**Workers' Compensation Insurance Affidavit: General Businesses**

**Applicant Information – Please Print Legibly**

Business/Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**Are you and Employer? Check the appropriate box:**

1. ☐ I am a Employer with \_\_\_\_\_ employees (full and/or part-time).\*
2. ☐ I am a Sole Proprietor or Partnership and have no employees working for me in any capacity.  
[No Workers' Comp Insurance Required]
3. ☐ We are a Corporation and its Officers have exercised their right of exemption per c. 152, §1 (4), and we have no employees. [No Workers' Comp Insurance Required]\*\*
4. ☐ We are a Non-Profit Organization, staffed by Volunteers, with no Employees. [No Workers' Comp Insurance Req.]

**Business Type (Required):**

5. ☐ Retail
6. ☐ Restaurant/Bar/Eating Establishment
7. ☐ Office and/or Sales (Incl. Real Estate, Auto, Etc.)
8. ☐ Non-Profit
9. ☐ Entertainment
10. ☐ Manufacturing
11. ☐ Health Care
12. ☐ Other: \_\_\_\_\_

\* Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

\*\* If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

**I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.**

Insurance Company Name: \_\_\_\_\_

Insurer's Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Policy # or Self-ins. Lic. #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).**

Failure to secure coverage as required under § 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

**I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

*Official use only. Do not write in this area, to be completed by city or town official.*

**City or Town:** \_\_\_\_\_ **Permit/License #:** \_\_\_\_\_

**Issuing Authority:** ☐ Board of Health ☐ Building Dept. ☐ City/Town Clerk ☐ Licensing Board

☐ Selectmen's Office ☐ Other: \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

# Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an **employee** is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An **employer** is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However, the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that "**every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required.**" Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

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## Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply your insurance company's name, address and phone number along with a certificate of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

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## City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary). A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e., a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

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The Department's address, telephone and fax number:

The Commonwealth of Massachusetts  
Department of Industrial Accidents  
**Office of Investigations**  
Lafayette City Center 2 Avenue de Lafayette,  
Boston, MA 02111-1750  
Tel. (857) 321-7406 or 1-877-MASSAFE  
Fax (617) 727-7749  
[www.mass.gov/dia](http://www.mass.gov/dia)

Form Revised July 2019



**Town of Mendon  
Board of Health**

18 Main Street | Mendon, MA 01756  
PH: (508) 634-2656 | Email: BOH@MendonMA.Gov

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**SEPTIC INSPECTION REQUIREMENTS**

1. The Board of Health requires the use of a Septic System Construction Job Card/Permit for the installation of components and the installation of complete septic systems. You are required to pick this card up from the BOH Office prior to starting work. This Septic System Construction Job Card/Permit shall be left on site for the authorized Board of Health Agent to sign accordingly, as needed. Once all the required inspections have been completed and signed off by the authorized BOH Agent, you must return this Septic System Construction Job Card/Permit to the BOH Office. The Certificate of Compliance will not be signed until this Septic System Construction Job Card/Permit has been returned with the authorized BOH Agent signatures.
2. Inspections will be conducted by appointment only.
3. A copy of the approved plan shall be kept on site.
4. When there is a need to satisfy a repair condition, the septic tank must be replaced if the existing septic tank is 10 years of age or older. The type of septic tank required is a two-compartment style septic tank. Other types of repairs, which would not require a replacement of the septic tank, would carry forward per Title V Regulations.
5. When a new septic tank is being installed for a new construction, the septic tank to be installed must be a two-compartment style septic tank.
6. Inspection of the septic tank hole showing a 6" stone base is required prior to setting the tank.
7. Inspection of the bottom of the leaching system is needed prior to any fill material being brought in (regardless of whether there is a 5' over – dig or not).
8. Final inspections of all the components are required. Systems shall not be backfilled until an "as-built" plan is received, or verbal confirmation by the design engineer is acknowledged.
9. Final grading inspection will not be required, prior to the issuance of a certificate of compliance.
10. Certain situations may require additional review in special situations.
11. No deviations from the septic design plan may occur without notification to and approval from the BOH.
12. Please be reminded that all fill material shall be "homogeneous" septic sand, free of any material greater than 2" in diameter.
13. Backfill material over the system shall consist of material that is free of stones and rocks greater than 6" in diameter. The final cover above the system shall be graded so that surface drainage is directed away from the system.
14. All system stone shall be double washed; and will be checked on site by the Health Agent prior to being put in place.
15. Installer Permit \$125.00 - If not permitted in Town of Mendon in past few years, 3 copies of permits are needed if you are permitted in other towns. If there is no proof of prior experience, a Septic Installer's test will be administered. Test \$25.00.