



TOWN OF
CHESTER, MASSACHUSETTS

01011

BOARD OF HEALTH
15 Middlefield Road
Chester, MA 01011
413-354-7781
BoardofHealth@townofchester.net

Application For Septic Installer's License

_____ New Application Fee \$150
_____ Renewal Application Fee \$150

Applicant: _____

Company Name: _____

Company Address: _____

Company Phone: _____

Company E-Mail: _____

If Corporation or partnership; give names, titles and home addresses of officers:

1. _____

2. _____

3. _____

Name of person supervising sewage disposal installation (this will be the person responsible for installations and is the person in charge): _____

Commonwealth of Massachusetts towns in which you are licensed to install subsurface sewage disposal systems (not required for license renewals):

Board of Health requires all new installers to present at least two (2) town letters of recommendation signed by Board of Health Agent or Health Member, or in certain circumstances, registered letters from a Registered Professional Design Engineer or Registered Sanitarian.

List the last three (3) systems installed (not required for license renewals):

Important Information:

If there are any deviations between the site conditions and the approved plan, it is your responsibility to notify both the Board of Health Agent and the design engineer for approval to continue construction.

Inspections require a minimum of 48 hours' notice to the Board of Health office and certifying engineer via email and/or phone.

Installers must provide the Board of Health with a copy of an as-built plan and certification. Plan must be on an 8 ½ x 11-inch sheet of paper (scanned to email), give ties from two corners of the foundation to center of septic tank and to center of D-box and end of trenches. Depths greater than one foot to the septic tank must be given. An example of an as-built is available for reference. This plan must include the property location and installers name.

Installer's license expires on December 31st of the year it was issued.

I hereby declare that the above statements made on this application for a license to install septic systems are complete and true and that non-compliance with the above may result in the revocation of my license.

Pursuant to Massachusetts general laws Chapter 62C, section 439A, I certify under penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required by law.

Taxpayer Identification #:

Applicant Signature:

Date: _____

***A copy of your Workers Compensation Certificate must accompany this application.**

Please refer to the website for additional requirements and/or contact the Board of Health at 413-354-7781 BoardofHealth@townofchester.net. Checks are to be made payable to the Town of Chester for all permit fees.



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 1 Congress Street, Suite 100
 Boston, MA 02114-2017
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers.
 TO BE FILED WITH THE PERMITTING AUTHORITY.

Applicant Information

Please Print Legibly

Name (Business/Organization/Individual): _____

Address: _____

City/State/Zip: _____ Phone #: _____

<p>Are you an employer? Check the appropriate box:</p> <p>1. <input type="checkbox"/> I am an employer with _____ employees (full and/or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]</p> <p>3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] †</p> <p>4. <input type="checkbox"/> I am a homeowner and will be hiring contractors to conduct all work on my property. I will ensure that all contractors either have workers' compensation insurance or are sole proprietors with no employees.</p> <p>5. <input type="checkbox"/> I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance. ‡</p> <p>6. <input type="checkbox"/> We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]</p>	<p>Type of project (required):</p> <p>7. <input type="checkbox"/> New construction</p> <p>8. <input type="checkbox"/> Remodeling</p> <p>9. <input type="checkbox"/> Demolition</p> <p>10. <input type="checkbox"/> Building addition</p> <p>11. <input type="checkbox"/> Electrical repairs or additions</p> <p>12. <input type="checkbox"/> Plumbing repairs or additions</p> <p>13. <input type="checkbox"/> Roof repairs</p> <p>14. <input type="checkbox"/> Other _____</p>
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*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

† Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.

‡ Contractors that check this box must attached an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

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

Insurance Company Name: _____

Policy # or Self-ins. Lic. #: _____ Expiration Date: _____

Job Site Address: _____ City/State/Zip: _____

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

Failure to secure coverage as required under MGL c. 152, §25A is a criminal violation punishable by 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. 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 #: _____

<p>Official use only. Do not write in this area, to be completed by city or town official.</p>	
<p>City or Town: _____</p>	<p>Permit/License # _____</p>
<p>Issuing Authority (circle one):</p> <p>1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector</p> <p>6. Other _____</p>	
<p>Contact Person: _____</p>	<p>Phone #: _____</p>