

Fee Amt. Pd. _____

Munis App/Permit # _____

Check # _____

App. Date _____

WAYLAND BOARD OF HEALTH
DISPOSAL SYSTEM INSTALLER'S PERMIT APPLICATION RENEWAL

(Please Print Clearly)

Full Name of **Individual to be Licensed** () - **Cell Phone** Number (24 hour)

Name of Firm / Company (if Applicable)

Firm / Company Address

() - () -
Firm / Company **Telephone** Number Firm / Company **Fax** Number

Current & Active **Email Address** (we will use this frequently, please maintain it and inform us of changes regularly)

I hereby certify as that I have read and fully understand the subsurface sewage disposal system requirements of the Wayland Board of Health and the State Environmental Code, Title 5; that I agree to comply with such regulations as existing or may from time to time be amended, and that I am familiar with the construction practices and inspection requirements (see ***Installer's Job Card & Certification***); and will submit my installer's as built certification on the supplied form within 30 days of the final inspection of the system as required by 310 CRR 15.021(4).

Pursuant to MGL, Chapter 62C, Section 49A, I certify under the pains of perjury that, to the best of my knowledge and belief, I have filed all State tax returns and paid all State taxes required under Law.

Signature of Installer to be Licensed

Date

3 REFERENCES from MA BOHs:

Name

Affiliation

Telephone Number

1. _____

2. _____

3. _____

All Disposal System Installer's permits expire on June 30 of the current fiscal year.