



Permit No. _____

Fee Pd. _____

Check No. _____

Munis _____

BOARD OF HEALTH
41 COCHITUATE ROAD
WAYLAND, MA 01778
(508) 358-3617
FAX: (508) 358-3619

TOWN OF WAYLAND
BOARD OF HEALTH

WAYLAND BOARD OF HEALTH
DISPOSAL SYSTEM INSTALLER'S PERMIT APPLICATION

The undersigned hereby applies for a DISPOSAL SYSTEM INSTALLER'S PERMIT to construct, alter, install, or repair subsurface sewage disposal systems as required by the provisions of the State Environmental Code, Title 5, and the rules and regulations of the Wayland Board of Health.

Full name of person or persons making application.

Full name of firm or corporation making application.

Address

Telephone number and name of authorized person that can be contacted by the Board of Health or its agent during normal business hours.

If not available during normal business hours, specify means by which applicant or authorized agent can be contacted at other times.

I hereby certify 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, and 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.

REFERENCES :

Signature of applicant or authorized agent

Disposal System Installer's permits expire on December 31 of the calendar year granted.