



TOWN OF NORTHBRIDGE
BOARD OF HEALTH
Aldrich School Town Hall Annex - 14 Hill Street
Whitinsville, MA 01588
Phone (508) 234-3272 Fax (508) 234-0821

APPLICATION FOR LICENSE TO INSTALL SEPTIC SYSTEMS

NAME: _____ FEE: \$150.00

ADDRESS: _____

PHONE: _____ CELL: _____ FAX: _____

PRESBY CERTIFICATION: _____ EMAIL: _____

Title 5 CMR 15.02 states that a Disposal Works Installer's License may be revoked for cause by the Board of Health. I understand that any repair of an existing septic system or any installation of a septic system cannot be done without plans which are approved by the Board of Health and without a Disposal Works Construction Permit signed by the Board of Health. I understand that any installation or repair of a septic system must fully comply with the approved plan and that if conditions different than those set forth in the plan are found prior to or during construction, I must notify the Board of Health. I understand that the Board of Health is requiring strict adherence to Title 5 and its additional rules and regulations concerning the subsurface disposal of sanitary sewage. I understand that this Installer's License has been issued to me as an individual and is not transferable.

I have read the conditions of the issuance of a license to install or repair septic systems in the Town of Northbridge, and agree to abide by these conditions and the rules and regulations of the Town of Northbridge and its Board of Health.

I have also this date, received and read, the memo to installers outlining required office procedures to be followed when engaged in the construction or repair of a septic system in the Town of Northbridge and agree to adhere to this policy.

- ☐ *I hereby request the Northbridge Board of Health to waive the testing requirement. I have attached copies of three current licenses held in other Massachusetts cities/towns.*
- ☐ *Certificate of Insurance for General Liability attached. Expiration Date: _____*

Date

Signature

**MASSACHUSETTS DEPARTMENT OF REVENUE
REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION**

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under the law.

*Signature of Individual *or* Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, If Applicable)

**Social Security Number (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. This request is made under the authority of Massachusetts General Law C. 62C s. 49A.



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
1 Congress Street, Suite 100
Boston, MA 02114-2017
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 an employer? Check the appropriate box:

1. ☐ I am an 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 Section 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 (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office
6. Other _____

Contact Person: _____ Phone #: _____

MEMO TO ALL INSTALLERS WORKING IN THE TOWN OF NORTHBRIDGE

The following procedures must be adhered to when installing a septic system in the Town of Northbridge. Failure to do so shall result in inspection delays and increased costs as well as the possibility of forfeiture of license.

1. Once a design plan has been approved by the Board of Health, the licensed installer will fill out the appropriate paper work at the Board of Health office and pay any and all fees. **The installer who holds the license must sign the paperwork and construction permit.** The installer must have the permit and approved plan prior to beginning construction.
2. At times, an installer may have a reason for wanting a change in the septic design. To do this, the design engineer (P.E. or R.S.) must be notified first. If they are agreeable to the change, they must submit in writing to the Board of Health office the nature of the change and why it is necessary. The Board agent will then review the proposed change and inform you of the decision rendered.
3. The inspection process for **all required inspections (excavation, component, final grading, stabilization, retaining wall, clay barrier, etc.)** will be as follows:

The installer shall contact the design engineer and the Board of Health office to request an inspection. The Board of Health Agent will have 48 hours to conduct his inspection and notify the installer of his findings.

Please Note The installer shall contact the Board of Health office for inspections, NOT the Agent. This is to insure that all paperwork is in order. The Agent will then be notified by the Board of Health assistant to perform the inspection.**

Board of Health Office Hours:

Mondays	8:30 AM to 7:00 PM
Tuesdays thru Thursdays	8:30 AM to 4:30 PM
Fridays	8:30 AM to 1:00 PM

4. The installer shall be required to submit the Installer As-Built Certification form to the Board of Health with copies of slips for the stone and gravel used in the system installation.
5. The installer will be required to sign the certificate of compliance and "As-Built" design upon approval of all system inspections. The certificate of compliance can then be submitted to the Board of Health office for approval.
6. Please pay attention to the fact that it is a requirement of Title 5 to scarify the bottom area of the proposed system. There are a number of installers who excavate the system with bulldozers, but do not scarify. If the bottom is not scarified during the excavation inspection, the inspection will fail and another fee will be required prior to re-inspection by the Board of Health Agent. **Also note, you should not proceed without approvals from the design engineer and the Board of Health.**
7. Installer is responsible for ensuring that the sand/fill meets the requirements of Title 5 sieve analysis.
8. Title 5 states that systems will not be constructed in frozen ground. If the temperature during the winter months drops to the point where at night the ground and the system will freeze, then a moratorium shall be in effect until the weather breaks above the freezing point.
9. **Component Replacements:**
Title 5 allows for replacement of a particular component should one fail. The following will apply:

Septic Tank: For replacement of a steel tank or unsuitable concrete tank, replacement may be made without an engineer by a licensed installer. The installer will be required to pull the appropriate paperwork in the Board of Health office. The installer shall also contact the Board of Health office for an inspection and shall sign the component certificate of compliance.

Distribution Box: Same procedure as the septic tank.

Leaching Facility: For systems constructed prior to 1978 or for systems for which there is no plan of record, the system will not be allowed to be replaced without proper soils testing, design plan, etc.

For systems constructed after 1978 which have approved plans and are only failed due to a clogged biomat, then replacement may be made by a licensed installer. The installer will be required to have an engineer submit an "As-Built" plan and certificate of compliance showing elevations and locations of the new system. The engineer must stamp this plan.

10. Installers needing to contact the Board of Health agent do not have the option to circumvent the Board of Health office in any manner or form. This rule shall have no exceptions.

Excerpt from Northbridge Board of Health regulations governing Septic System Installers

D. Disposal works installers license.

- (1) No person shall engage in the construction, repair or replacement of an on-site sewage disposal system without first obtaining a disposal works installers license from the Northbridge Board of Health. All such licenses shall expire December 31 of the calendar year in which they were issued.
- (2) All applicants for disposal works installers licenses shall be required to take and pass an examination to demonstrate their knowledge of Title 5 and these rules and regulations. A grade of 70% will be considered passing.
- (3) The Board of Health may at their discretion waive the testing requirement if the applicant possesses current licenses with three other Massachusetts cities or towns.
- (4) Installers are required to keep their license to install active by submitting a minimum annual fee of \$25 by March 1. Total annual license renewal fee [See § 201-23 Fee Schedule.] balance to be paid when the first disposal works construction permit is taken out. Failure to renew a license by March 1 may require a reexamination of the written test at the expense of the applicant in the Board of Health office. **(Amended 10-24-2011; Effective 12-01-2011)**
- (5) Applications for a license to install must be accompanied by a certificate of insurance with liability insurance in a minimum amount of \$100,000 and must be up to date. The certificate of insurance must be issued to the individual seeking to obtain the installer license.
- (6) When installing, repairing or replacing a subsurface sewage disposal system or any of its components, the licensed installer shall be required to appear in the Board of Health office to fill out a disposal works construction permit.
- (7) The installer shall be required to submit an installer as-built certification form to the Board of Health for approval. The installer shall also be required to sign the certificate of compliance upon completion of work.