

Town of Hinsdale

Board of Health

39 South St, Hinsdale, MA 01235
Telephone: (413) 655-2311

APPLICATION FOR PERMIT TO INSTALL PRIVATE SEPTIC SYSTEMS

(Type or print legibly)

__New License __Renewal FEE: \$100.00

Company Name _____ Tel. # _____

Address _____

Owner/Manager _____ Tel. # _____

LIST OF EMPLOYEES CERTIFIED BY BCBOHA OR TRI-TOWN HEALTH DEPT.

(At least one certified installer must be present during each installation. Copies of every certification must accompany this application.)

	<u>Name</u>	<u>Certification Date</u>
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____

The applicant agrees to install all systems in accordance with the provisions of **310 CMR 15.000 The State Environmental Code, Title 5: Standard Requirements for the Siting, Construction, Inspection, Upgrade and Expansion of On-site Sewage Treatment and Disposal Systems and for the Transport and Disposal of Septage.**

Copy of an Installers' license from another Town or copy of a certificate of compliance from another Town may be submitted in place of certification above.

A copy of the installer's liability insurance certificate must accompany this application.

The applicant will notify the Health Agent at least 48 hours in advance of any system or component that is ready for inspection.

Permit is valid for the calendar year in which the permit is granted.

Signature of Applicant

Date of Application