**TOWN OF WAREHAM**

Board of Health

**Septic Installer License**

SEPTIC INSTALLERS LICENSE VALID JANUARY 1 THROUGH DECEMBER 1 ANUALLY

SEPTIC INSTALLER APPLICATION FEE: $200.00

MAKE CHECK PAYABLE TO: Town of Wareham, 54 Marion Rd., Wareham, MA 02571

APPLICANT’S NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COMPANY NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BUSINESS ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MAILING ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(if different)

BUSINESS PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CELL PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 List other towns or cities in which you hold a current Installer License

1.

2.

3.

**Please provide at least three current license copies - each from a separate town.**

Can you read and implement engineering plans necessary for the installation of septic systems?

Y / N

Are you familiar with 310 CMR 15.000 (Title V) & Wareham Board of Health Local Regulations?

Y / N

PLEASE ENCLOSE COPIES OF WORKERS COMPENSATION COVERAGE, LIABILITY INSURANCE, DRIVERS LICENSE, AND HOISTING LICENSE

ENCLOSED WITH YOUR INSTALLER LICENSE RENEWAL ARE THE INSPECTION PROCEDURES. YOUR SIGNATURE BELOW INDICATES YOU HAVE READ, UNDERSTAND, AND WILL COMPLY WITH THESE EXISTING PROCEDURES.

 Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROCEDURE FOR ON-SITE INSTALLATION INSPECTIONS**

**PLEASE NOTE:** Contractor to notify the Board of Health office the day prior to start of installation and obtain plan permit and copy of Certificate of Compliance form. All payments are required prior to start of construction.

**INSPECTION # 1**

The contractor shall notify the Board of Health upon completion of excavation of the hole prior to installation of stone under septic tank or leaching area.

**INSPECTION # 2**

The contractor shall notify the Board of Health the day before delivery of the septic tank with approximate time of delivery of the septic tank for placement so that the Health Agent/Inspector may observe stone under septic tank and level placement of tank.

**FINAL**

The contractor shall sign the Certificate of Compliance upon completion of installation. The engineer shall sign the Certificate of Compliance upon completion of his/her inspection of the completed system.

The engineer shall provide to the Board of Health an “As Built” plan showing distances and elevations prior to the Board of Health issuing the Certificate of Compliance and signing of the occupancy permit, if applicable.