



# Town of North Reading Health Department

235 North Street  
North Reading, Ma  
978-357-5242; Fax 978-664-1713

## APPLICATION FOR DISPOSAL SYSTEM INSTALLER LICENSE

(\*\*Please note that the individual septic INSTALLER, must be licensed, not the company\*\*)

FEE: \$100.00 (Payable to "Town of North Reading")

I hereby apply for a Disposal System Installer's Permit as required by 310 CMR 15.019, Title 5, the State Environmental Code and the Regulations of the North Reading Board of Health.

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone # \_\_\_\_\_ Business Fax # \_\_\_\_\_

Installer's Name \_\_\_\_\_

Installer's Mailing Address \_\_\_\_\_

Installer's Email Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cellular Phone # \_\_\_\_\_

### ARE YOU CURRENTLY LICENSED AS AN INSTALLER IN THE TOWN OF NORTH READING?

YES \_\_\_\_\_ NO \_\_\_\_\_

**If YES**, proceed to Section A: Refusal to Issue a License: Grounds and Notice of Refusal and the undersigned agreement below.

**If NO**, applicants will need to Take and receive a passing score of 75% on the North Reading Installers examination. All non-renewal exams are given by appointment only. In Addition to receiving a passing score, all applicants must comply with section A of this document and submit the following documents... 1-6. All documents submitted must be in good standing. Any document not submitted in good standing will automatically disqualify the applicant from further processing. **To be eligible for the exam, applicants must meet the conditions of insurance and submit current copies of the following licenses, letter of references, registrations, and insurance's. All must be in good standing:**

1. (2) Installer's license from other municipalities within the Commonwealth of Massachusetts.
2. A Commonwealth of Massachusetts Department of Public Safety Class 2 Heavy Equipment Operators License.
3. (2) Current letters of references from Health Director/Agent from municipalities where licenses are held.
4. A Commonwealth of Massachusetts Department of Motor Vehicle Registration for Vehicles.
5. A Commonwealth of Massachusetts Department of Industrial Accidents – Workers compensation Insurance – If applicable.
6. A Certificate of Liability Insurance proof of possession of at least \$100,000 general liability insurance.

## **Section A: Refusal to Issue a License: Grounds and Notice of Refusal:**

The Board of Health may refuse to issue a license, initial or renewal, based on one or more of the following grounds. Each of the following grounds shall constitute full and adequate grounds to refuse to issue a license. The notice of refusal shall provide the grounds upon which the denial is based and shall notify the applicant of the right to a hearing provided in 310 CMR 15.000:

1. Failure to submit a North Reading Installer Permit application and fee in accordance with the Board of Health's application procedure.
2. Failure to achieve a passing grade of 75% on the North Reading installer's exam.
3. Failure to comply with the Board of Health septic system installer project management obligations.
4. Any past denial, refusal or revocation of a North Reading or any other city/town installer's license.
5. Denial of entry of agents of the board of health or the Department or any attempt to impede the work of a duly authorized agent of the board of health or the Department.
6. Providing false or misleading statements to the board of health or the Department.
7. The installers failure to provide certification required by 310 CMR 15.021(3) or the installers installation or certification of a system that fails to comply with the disposal system construction permit.
8. The applicant has been convicted of, plead guilty or no lo contendere to, or has, in a judicial proceeding, admitted facts sufficient to find that s/he is guilty of a crime relating to violations of 310 CMR 15.000.
9. The applicant has engaged in conduct that endangers the public health.
10. Failure to pay any federal, state, or local taxes as required by law, pursuant to M.G.L. c. 62C, § 49A;
11. Failure to comply with local regulations/ordinances related to 310 CMR 15.000.
12. Failure to comply with provisions of 310 CMR 15.000.
13. Such other reasons not stated in 310 CMR 15.000 which pose a risk to public health and safety.

The undersigned agrees that he/she has read and understands Title 5, the State Environmental Code and the North Reading Board of Health Regulations and also agrees to abide by them. Also, the undersigned understands that any violation(s) of Title 5, North Reading Board of Health Regulations or the above conditions of insurance will be sufficient cause for revocation of Disposal System Installer's License.

Installer's Signature \_\_\_\_\_ Date \_\_\_\_\_

UNDER THE LAWS OF THE COMMONWEALTH OF MASACHUSETTS, CHAPTER 233, SECTIN 35, ACTS OF 1983, YOU ARE REQUIRED TO COMPLETE THE FOLLOWING:

Pursuant to M.G.L., Ch. 62C, Sect. 49A, I certify, under the penalties of perjury, that I, to my best knowledge and belief, have filed all state tax returns and paid all taxes required under law.

\_\_\_\_\_  
Individuals Name

\_\_\_\_\_  
Signature of Individual or Corporate Officer  
(if applicable)

**\*\* Any application received after December 31<sup>st</sup>, your application will not be processed and a license will not be issued.**