



Board of Health Application for Disposal Works Installer's Permit

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

BUSINESS NAME: _____

ADDRESS: _____

OFFICE PHONE: _____ FAX NO: _____ EMAIL: _____

Any and all telephone numbers must be provided for normal and after-business hours for the Medfield Board of Health or its Agent to contact the authorized installer.

Individual Installer's Name _____

Home Phone No.: _____ Cell Phone No.: _____

I hereby certify that I have **RECEIVED, READ AND FULLY UNDERSTAND** the subsurface sewage disposal system requirements of the Medfield 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.

Individual Installer's Signature

- **Installers new to Medfield MUST include three (3) current installer's permits from area towns.**

Permit No.: IN20 -

Date Received:

Fee Paid: \$ 150.00

Expiration: December 31st of the calendar year granted

APPROVED BY:

Agent for the Medfield Board of Health