



**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 -

Fee Paid: \$ 150.00

Expiration: December 31<sup>st</sup> of the calendar year granted

**Date Received:**

**APPROVED BY:**

\_\_\_\_\_  
**Agent for the Medfield Board of Health**