



City of Westfield, Massachusetts
HEALTH DEPARTMENT

APPLICATION FOR SEPTIC INSTALLERS LICENSE

FEE: \$75.00

Business Name: _____

Name of Owner: _____

Business Address _____

Bus. Telephone # _____ Cell Phone # _____

Fax # _____ E-Mail Address _____

1. Have you been issued a Disposal Septic System Installer's Permit in Westfield Previously? Yes or No

2. If not, have you been issued a Disposal Septic System Installer's Permit in another town? Yes or No
Attach a copy of the Disposal Septic System Installer's Permit(s) issued in other towns

3. A first-time applicant, with no previous issued permits will be required to take an Installer's Examination.

I Hereby Certify that I have read and fully understand the subsurface sewage disposal system requirements of 310 CMR 15.00 of the State Environmental Code, Title 5. I agree to comply with such regulations as existing or as amended; and that I am familiar with the construction practices and inspection requirements.

I do hereby certify, under the pains and penalties of perjury, that the information provided in this application is true and correct.

No systems are to be constructed, altered or repaired without an approved application for a Disposal Works Construction Permit (DWCP) by the City of Westfield Health Department.

A "bed bottom" inspection is required, and no system will be back filled without an inspection by an authorized representative of the Health Department. The undersigned further agrees that he/she shall have the approved plan and a DWCP on the site location at all times. Please provide at least 24-hours notice for an anticipated inspection.

Any variance or modification of approved plans in the construction or repair of a sewage disposal system without approval of the City of Westfield Health Department will be cause for revocation or suspension of this permit.

Applicant Signature

Date