

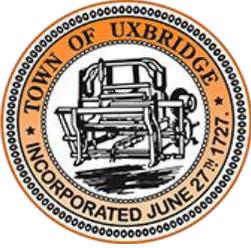


TOWN OF UXBRIDGE

Board of Health
21 South Main Street
Uxbridge, Massachusetts 01569
Telephone: (508) 278-8600 Ext.8
boh@uxbridge-ma.gov

Please submit the following if you are applying for a permit to install septic system(s)
in the Town of Uxbridge

1. Permit Application
2. Septic System Inspection Procedures
3. REAP Form
4. Workers' Compensation and Liability Insurance Accord form with the Uxbridge Board of Health listed as a certificate holder.
5. Workers' Compensation Insurance Affidavit: General Business
6. \$150.00 permit fee. Checks are to be made payable to Town of Uxbridge or online by going to <https://www.uxbridge-ma.gov/>



Town of Uxbridge

Board of Health

21 South Main Street

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Application for Disposal Works Installer Permit

The Town of Uxbridge Licenses Individuals of Companies

FEE: **\$150.00** annually

(Checks made payable to Town of Uxbridge. Process of payment does **not** indicate approval of permit or application)

Permit expires annually on **December 31**

Permit is NOT transferable

New Application: _____

Renewal Application: _____

All sections of this application must be completed.

Incomplete applications will not be considered.

Installer's name: _____

Company Name: _____

Officer/Owner Name: _____

Address: _____

Mailing Address: (if different) _____

Telephone: _____ Cell: _____

E-mail address: _____

Name of Person Supervising Sewage Disposal Installation: _____

(must be the licensed installer for the project).

NOTE:

- As the licensed installer YOU are responsible for all aspects of construction and YOU are responsible for any persons you allow to perform work under your license.
- The Uxbridge Board of Health reserves the right to close the installation season at any time without notice.
- Your permit application will not be accepted unless your proof of insurance is attached.

New Installers:

- The applicant shall pass the Title V Installers exam given by the Board of Health engineer. A passing grade of 70 is required.
- Attach a copy of valid hoisters license.
- Copy of Certificate of Insurance for Workers' Compensation and Liability with the Uxbridge Board of Health listed as a certificate holder
- Workers' Compensation Insurance Affidavit: General Business form must be filled out completely

New Installers who have worked in other Towns but not Uxbridge:

- Attach copies of three current licenses in other Massachusetts towns/cities. The licenses must be in the name of the installer who is applying.
- Attach a copy of valid hoisters license.
- Copy of Certificate of Insurance for Workers' Compensation and Liability with the Uxbridge Board of Health listed as a certificate holder
- Workers' Compensation Insurance Affidavit: General Business form must be filled out completely

Renewal Installers who have worked in Uxbridge:

- Attach a copy of valid hoisters license.
- Copy of Certificate of Insurance for Workers' Compensation and Liability with the Uxbridge Board of Health listed as a certificate holder
- Workers' Compensation Insurance Affidavit: General Business form must be filled out completely

Please answer the following questions:

1. When did you last have an installer permit in the Town of Uxbridge? _____Year
2. Has your permit to install septic systems in any town ever been revoked? ____Yes ____ No

If yes, please explain the circumstances and indicate where it is revoked.

Print Name of Applicant



Applicant Signature

Date



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21 South Main Street
Uxbridge, Massachusetts 01569
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boh@uxbridge-ma.gov

Septic System Inspection Procedures

Prior to any construction on the septic system, the installer must sign the construction permit and receive a copy of the stamped and signed approved plan.

The following procedures are required for septic system inspections:

1. Installation Permit:

- a. No inspections will be performed unless a permit to install has been applied for at the Board of health office. All fees and proof of insurance must be submitted at that time.
- b. The Board of Health may close the installation season at any time due to freezing temperatures and frost. It is the Installers responsibility to check with the Board of Health for the closing date prior to beginning installation.

2. Inspection Frequency:

(to be performed by the Design Engineer & the Septic Engineer) Installers must work from a stamped "Approved" Plan. The licensed installer is the person to call in inspections.

- a) Excavation Inspection (bottom)
- b) Component Inspection (tanks, d-box, pipe, stone, etc.)
- c) Final Grading
- d) Stabilization (hay, mulch, environmental matting)
- e) Any need for re-inspection will require an additional fee (\$50.00 per)

3. Requests for Inspection:

- a. Once the Installer has secured a permit through the BOH office, all requests for inspections are to be made by texting or calling Steve Donatelli (Title 5 Agent) at (774)545-0909.

YOU **MUST** SUPPLY THE PERMIT NUMBER OF THE APPROVED PLAN.

- b. All inspection requests require 48-hour notice. However, it is usually performed within 24 hours. Plan ahead.
- c. In the case of inclement weather, the following will apply:
 - i. Inspections will not be performed until the rain/snow has stopped and the leachfield area has dried. For excavation inspections the installer shall
 - ii. re-scarify the bottom area and call for re-inspection. The installer should take care in working around the leachfield area until the area has dried out and is stable/firm enough to work on.
- d. Upon inspection you will be notified of the results of the inspection. It is important that you give up to date contact information to the Board of Health.

- e. Any installer who proceeds with installation of the system at any stage without approval, risks re-installing that portion of the project along with possible license revocation.

4. Certificate of Compliance:

- a) The permitted installer is required to submit the Installer As-built certification form (4-page document) to the Board of Health along with copies of the sand & stone slips used in the installation of the system.
- b) The company providing the sand fill is required to fill out page 3 of the Installers As-built certification form and provide a copy of the sieve test analysis from that pit that is not more than 2 months old prior to the date of installation. This information must be attached to the Installers As-built Certification form.
- c) The permitted installer is required to sign the Certificate of Compliance (COC), cover page in the Board of Health office in the presence of the Board of Health Administrative Assistant.
- d) The installer is to sign the same Certificate of Compliance page along with the design engineer and the Board of Health. Separate copies of the certificate (installers on one and engineer on another) will not be allowed. The Board of Health will sign last after review of all submitted data.
- e) If an alternative system is being used the installer must supply a copy of the certificate stating that he/she is certified to perform the installation of said systems.
- f) If a pump system is being used, the model and model number of the pump along with a copy of the electrical permit is required with the COC.

***The permitted installer is not allowed to make any changes to the system design without direction and approval of the design engineer and the Board of Health Agent.**

By my signature below I am certifying that I have read, understand, and agree to follow the above procedures for installing septic systems in the TOWN OF UXBRIDGE. I also understand the Board of Health has the right to amend these policies and procedures at any time.

Print Name of Installer

Installer Signature

Date



REAP ATTESTATION FORM
Massachusetts Department of Revenue

REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under the law.

 SIGN HERE

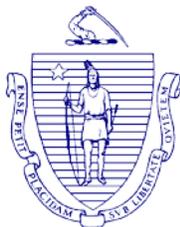
*Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if applicable)

**Social Security Number (Voluntary) or Federal Identification Number

*This license will not be issued unless this certification is signed by the applicant.

**Your Social Security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Massachusetts General Law C. 62C. s. 49A.



**The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 Lafayette City Center
 2 Avenue de Lafayette, Boston, MA 02111-1750
 www.mass.gov/dia**

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information

Please Print Legibly

Business/Organization Name: _____

Address: _____

City/State/Zip: _____ Phone #: _____

<p>Are you an employer? Check the appropriate box:</p> <p>1. <input type="checkbox"/> I am a employer with _____ employees (full and/ or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]</p> <p>3. <input type="checkbox"/> We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**</p> <p>4. <input type="checkbox"/> We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]</p>	<p>Business Type (required):</p> <p>5. <input type="checkbox"/> Retail</p> <p>6. <input type="checkbox"/> Restaurant/Bar/Eating Establishment</p> <p>7. <input type="checkbox"/> Office and/or Sales (incl. real estate, auto, etc.)</p> <p>8. <input type="checkbox"/> Non-profit</p> <p>9. <input type="checkbox"/> Entertainment</p> <p>10. <input type="checkbox"/> Manufacturing</p> <p>11. <input type="checkbox"/> Health Care</p> <p>12. <input type="checkbox"/> Other _____</p>
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*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: _____

Insurer's Address: _____

City/State/Zip: _____

Policy # or Self-ins: Lic. # _____ Expiration Date: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under § 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

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

Signature: _____



Date _____

Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ **Permit/License #** _____

Issuing Authority (check one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board
 5. Selectmen's Office 6. Other _____

Contact Person: _____ **Phone#:** _____

Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an *employee* is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An *employer* is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However, the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that "every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required." Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply your insurance company's name, address and phone number along with a certificate of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. Also be sure to sign and date the affidavit. The affidavit should be returned to the city or town that the application for the permit or license is being requested, not the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary). A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a homeowner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
Lafayette City Center
2 Avenue de Lafayette,
Boston, MA 02111-1750
Tel (857) 321-7406 or 1-877-MASSAFE
Fax (617) 727-7749
www.mass.gov/dia