



Georgetown Board of Health

1 Library Street Georgetown, MA 01833- Tel. 978-352-5720
Fax: 978-352-5714

DISPOSAL WORKS INSTALLERS APPLICATION

Fee: \$100.00

The undersigned hereby applies for a Disposal Works Installer Permit to construct, alter, install or repair sub-surface sewage disposal systems as required by the provisions of the State Environmental Code, Title V, and the rules and regulations of the Georgetown Board of Health.

Applicant: _____

Business Name: _____

Address: _____

Telephone#: _____

Cell#: _____

E-mail: _____

***Notice: Your application will not be processed until this office receives a "Certificate of Liability Insurance" from your Insurance Agency.**

Installer's Fee is \$100.00 Due Annually, No Later that 12/31

I hereby certify that I have read and fully understand the sub-surface sewage disposal system requirements of the Board of Health and the State Environmental code, Title V, 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.

Signature of Applicant or Authorized Agent

Date: