



TOWN OF HATFIELD
MASSACHUSETTS

MEMORIAL TOWN HALL
59 Main Street
Hatfield, MA 01038

BOARD OF HEALTH

(413) 247-9200, Ext. 6
(413) 247-5029 FAX

FEE:
\$150.00

Septic System Installer Application

Name of Business: _____

Address of Business: _____

Business Phone: _____ Fax: _____

Business Email Address or Website: _____

Names of crew members working under this permit: _____

Other Affiliations: _____

I have read sections 15.019 and 15.020 (3) of the Massachusetts State Environmental Code and understand my responsibilities pertaining to septic system installation.

Applicant's Signature: _____

Applicant's Name (print): _____

Date of Application: _____

For Health Department Use

Application Approved: **YES** or **NO** Date: _____

Approving Authority Signature: _____

Permit Number: _____

310 CMR DEPARTMENT OF ENVIRONMENTAL PROTECTION

15.019: Disposal System Installer's Permit

No individual shall engage in the construction, upgrade, modification, emergency repair, or expansion of any on-site system without first obtaining a Disposal System Installer's Permit from the Approving Authority. Disposal System Installer Permits shall be issued for a period of not more than two years. The local Approving Authority shall issue Disposal System Installer Permits only to those individuals who have demonstrated knowledge of and experience with the proper construction and installation of systems in accordance with 310 CMR 15.000. The Approving Authority, by issuance of an order, may suspend or revoke a Disposal System Installer's Permit, for a time specified in the order, when it determines that the Installer has failed to comply with 310 CMR 15.000 with respect to the installation of one or more systems, including, without limitation, the Installer's failure to provide the certification required by 310 CMR 15.021(3), or the Installer's installation or certification of a system that fails to comply with the Disposal System Construction Permit.

15.020: Disposal System Construction Permits

(3) Within 30 days of the final inspection of the system and prior to the issuance of a Certificate of Compliance, the Disposal System Installer and the Designer shall certify in writing on a form approved by the Department that the system has been constructed in compliance with 310 CMR 15.000, the approved design plans and all local requirements, and that any changes to the design plans have been reflected on as-built plans which have been submitted to the Approving Authority by the Designer prior to the issuance of a Certificate of Compliance. The as-built plans shall be prepared in accordance with 310 CMR 15.220 and, at a minimum, shall reflect any changes to the approved design plans and show the exact location and elevation of all system components. As-built plans are required to be submitted to the Approving Authority only when changes have been made to the approved plans. If no changes have been made to the approved plans, the approved plan showing the distances from a known structure to the system components shall be submitted to the Approving Authority in place of an as-built plan. Prior to the issuance of a Certificate of Compliance for a system, the Approving Authority shall make sufficient inspections of the system in accordance with 310 CMR 15.021(2) to determine that the work has been completed in compliance with the requirements of 310 CMR 15.000, the Disposal System Construction Permit, the approved design plans, and any local requirements.

THIS PAGE TO BE KEPT BY THE INSTALLER

MASSACHUSETTS DEPARTMENT OF REVENUE
ENFORCEMENT AND PROTECTION (REAP) ATTESTATION

TOWN OF HATFIELD
MASSACHUSETTS

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

*Signature of individual or Corporate Names (Mandatory)

By: Corporate Officer (Mandatory, if applicable)

** Social Security Number or Federal Identification Number

* This license will not be issued unless this certification clause 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 M.G.L. Chapter 62C, Section 49A.



The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street, Suite 100
Boston, MA 02114-2017
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses.
TO BE FILED WITH THE PERMITTING AUTHORITY.

Applicant Information

Please Print Legibly

Business/Organization Name: _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

1. ☐ I am an employer with _____ employees (full and/or part-time).*
2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity.
[No workers' comp. insurance required]
3. ☐ 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]**
4. ☐ We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

5. ☐ Retail
6. ☐ Restaurant/Bar/Eating Establishment
7. ☐ Office and/or Sales (incl. real estate, auto, etc.)
8. ☐ Non-profit
9. ☐ Entertainment
10. ☐ Manufacturing
11. ☐ Health Care
12. ☐ Other _____

*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 Section 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 (circle 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 home owner 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 Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street
Boston, MA 02114-2017
Tel. # 617-727-4900 ext. 7406 or 1-877-MASSAFE
Fax # 617-727-7749
www.mass.gov/dia