



Permit Number _____

Issue Date _____

Application must be accompanied by the fee of \$100.00. Check is to be made payable to the Town of Mt. Washington. Please deliver to Town Hall marked:

ATTN: Board of Health

Town of Mount Washington Board of Health
2 Plantain Pond Road
Mount Washington MA 01258

Telephone: 413 528-2839

Email: ellielovejoy@townofmtwashington.com

APPLICATION FOR LICENSE TO INSTALL SEPTIC SYSTEMS

As part of this application to have a license to install septic systems in the Town of Mount Washington, I hereby attest that:

- I am familiar with the requirements of Title 5 of the State Environmental Code regarding the installation of septic systems;
- I have the appropriate equipment and skills needed for installing sub-surface septic systems;
- My company will not undertake a new installation, alteration, or repair without first verifying that the Town of Mount Washington Health Department has approved the plan and issued the appropriate permits;
- I will call and schedule the required inspections; and
- After installation is complete, I will provide the Board with a letter attesting to the installation, an AS-BUILT PLAN and a current sieve analysis.

Any person listed on this license application has taken the Installer's Course from Berkshire County Boards of Health or from equal training that has been approved by the Mount Washington Board of Health prior to the issuance of the license. Current out-of-state licenses supplied as a reference will be reviewed by the Mount Washington Board of Health (or their agent).

Signed: _____ Date: _____

Name of Company or Individual: _____

Address, Telephone, Email: _____

BCBOHA License Number: _____ Please attach copy of license for each installer

Approval : _____ Date: _____

License Number: _____