



## Disposal Works Installer's Application & Permit

The undersigned hereby applies for a DISPOSAL WORKS INSTALLER'S PERMIT to construct, alter, install, or repair subsurface sewage disposal systems and /or the components of, required by the provisions of the State Environmental Code, Title 5, and the rules and regulations of the Holliston Board of Health for the calendar year \_\_\_\_\_.

Name of Firm \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Office Phone \_\_\_\_\_

Installer's Name (print) \_\_\_\_\_ Cell Phone \_\_\_\_\_

I hereby certify that I have **Received, Read and Fully Understand** the subsurface sewage disposal system requirements of the Holliston Board of Health, and the State Environmental Code, Title 5, 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.

Installer's Signature \_\_\_\_\_

List any I/A certifications and attach copy: \_\_\_\_\_

---

Office use below

Date Rec'd \_\_\_\_\_

Fee Paid \_\_\_\_\_

Permit # \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

**This permit expires on December 31 of the calendar year granted.**

Renewal fee \$100 if by January 31<sup>st</sup>. New application fee \$250.

New installers must include 3 references: current installer's licenses from area towns.

BOARD of HEALTH  
TOWN HALL, 703 WASHINGTON STREET, HOLLISTON, MASSACHUSETTS 01746-2168  
TEL: 508-429-0605 FAX: 508-429-0639  
Website: [www.townofholliston.us](http://www.townofholliston.us)