

TOWN OF WINCHENDON



Board of Health

Telephone (978) 297-3537
Facsimile (978) 297-1616

109 Front Street
Winchendon, Massachusetts 01475-1758

**APPLICATION FOR DISPOSAL SYSTEM
INSTALLER'S PERMIT**

The undersigned hereby applies for a Disposal System Installer's Permit to construct, alter, install, or repair subsurface sewage disposal systems as required by the provisions of the State Environmental Code, Title 5, and the rules and regulations of the Winchendon Board of Health.

Full name of person or persons making application

Full name of firm or corporation making application

Mailing Address

Telephone number and name of authorized person that can be contacted by the Board of Health or it's agent during normal business hours.

Telephone number and name of authorized person or persons that can be contacted by the Board of Health or it's agent at times other than normal business hours.

I hereby certify that I have read and fully understand the subsurface sewage disposal system requirements of the Winchendon 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.

Signature of applicant or authorized agent

Date: _____

Please enclose a check or money order for \$150.00 payable to The Town of Winchendon

First time applicants list three references. If you have installed systems in other towns please list the names and numbers of the B.O.H. office in those towns. An initial test is also required.

