

**Milford Board of Health**

52 Main Street  
Milford, MA 01757  
(508) 634-2315

NEW: YES/NO
RENEWAL: YES/NO
CALENDAR YEAR: _____
FEE AMOUNT: \$300.00

**SEPTIC SYSTEM INSTALLER’S PERMIT APPLICATION**

INSTALLER’S PERMITS EXPIRE ON DECEMBER 31<sup>ST</sup> OF EACH CALENDAR YEAR.

Company/Individual’s Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Telephone #: \_\_\_\_\_

If Corporation or Partnership provide Names, Titles and Addresses of Officers:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Name of Person Supervising the Septic System Installations: \_\_\_\_\_

List other Massachusetts municipalities in which you hold a current license to install septic systems:

Town	License Number	Expiration Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

**IMPORTANT PLEASE READ CAREFULLY**

All requests for field inspections require at least 24-hour advance notice. The supervisor overseeing installations must be present during all inspections.

To avoid errors and omissions during construction, installers must work from plans stamped and approved by the Milford Board Health Department.

A sieve analysis is required for all septic gravel used by the system installer.

I hereby certify that I have read and fully understand the subsurface sewage disposal system requirements of the Town of Milford Health Department and the State Environmental Code 310 CMR 15.000, Title V, and that I agree to fully comply with said regulations. I further certify that the information provided on this application is complete and true, and I acknowledge that non-compliance with the Town of Milford Health Department Regulations and/or the State Environmental Code 310 CMR 15.000, Title V may result in the suspension and/or revocation of my Septic Installer’s Permit.

\_\_\_\_\_  
Signature of Applicant or Authorized Agent