



# Town of Hamilton

## Board of Health

577 Bay Road / P.O. Box 429  
S. Hamilton, MA 01982  
978-468-5579; Fax 978-468-5582

### Application for Title 5 Septic System Inspector License

FEE \$25.00 Payable to the Town of Hamilton  
(Fee waived for 2018)

In accordance with M.G.L. c.111, Section 31, the undersigned makes application to the Hamilton Board of Health for permission to conduct Title 5 Septic System Inspections in the Town of Hamilton.

Name of Title 5 Inspector: \_\_\_\_\_

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

Business Name: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

Business Phone #: \_\_\_\_\_ Business Fax #: \_\_\_\_\_

Name of Owner/Corporation Name: \_\_\_\_\_

Please include with this application:

- \_\_\_ Workers compensation insurance affidavit
- \_\_\_ Copy of your DEP-Approved Title 5 Septic System Inspector card
- \_\_\_ Copy of your picture Identification
- \_\_\_ \$25 Fee (waived for 2018)

Pursuant to M.G.L. Ch. 62C, Sec. 49A, I certify under the pains and 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.

I certify that the information I have provided above is true and accurate. I agree to comply with Title 5 and any rules, regulations or policy of the Town of Hamilton. **I agree to conduct a thorough and complete inspection, including ground water investigation, and to submit complete and accurate inspection reports; I understand that failure to do so will result in suspension of the Hamilton Title 5 Inspector License.**

\_\_\_\_\_  
Signature of Title 5 Inspector

\_\_\_\_\_  
Signature Corporate Office (if applicable)

\*\* If your complete application is not received by August 1<sup>st</sup> you will be assessed the \$50.00 late fee which must be paid before the application is processed.