



## PERMIT APPLICATION FOR **DISPOSAL WORKS INSTALLER'S PERMIT**

*(DISPOSAL WORKS INSTALLER PERMITS EXPIRE YEARLY ON DECEMBER 31<sup>ST</sup>)*



**REVIEW**



**DOUBLE CHECK**



**SUBMIT**

Review the entire application.  
Gather all necessary paperwork.

Use the Checklist below to make sure  
you have everything you need for a  
complete application.

Submit your application with all  
required paperwork, insurances,  
and payment.

**ALL BOARD OF HEALTH PERMIT APPLICATIONS  
SHOULD BE SENT TO ITS MAIN OFFICE**



**Mendon Board of Health  
18 Main Street  
Mendon, MA 01756**

- ☐ FULLY COMPLETED APPLICATION PAGES 1 - 4
- ☐ MASSACHUSETTS REVENUE ENFORCEMENT AND PROTECTION (REAP)  
ATTESTATION (PAGE 3)
- ☐ MASS. WORKERS' COMPENSATION INSURANCE AFFIDAVIT (PAGE 4)
- ☐ COPY OF ACORD CERTIFICATE FOR **GENERAL LIABILITY INSURANCE** WITH  
THE MENDON BOARD OF HEALTH LISTED AS THE CERTIFICATE HOLDER
- ☐ COPY OF ACORD CERTIFICATE FOR **WORKERS' COMPENSATION INSURANCE** WITH  
THE MENDON BOARD OF HEALTH LISTED AS THE CERTIFICATE HOLDER (If Applicable)
- ☐ 3 COPIES OF CURRENT INSTALLERS LICENSES, SHOWING THE LISTED NAME OF THE LICENSED INSTALLER,  
ISSUED FROM OTHER CITIES/TOWNS, IF NOT PREVIOUSLY LICENSED IN THE TOWN OF MENDON.
- ☐ NON-REFUNDABLE CALENDAR YEAR FEE (CHECK MADE PAYABLE TO THE TOWN OF MENDON)



**EMAILED APPLICATIONS  
WILL NOT BE ACCEPTED**

**ALL APPLICATIONS MISSING PAYMENT, INFORMATION, DOCUMENTATION, AND/OR EXPIRED CERTIFICATION(S)  
WILL BE DENIED AND RETURNED TO THE APPLICANT, RESULTING IN DELAY OF PROCESSING APPLICATION AND  
ISSUING OF THE PERMIT. APPLICATIONS ARE NOT TRANSFERABLE FOR ANY REASON.**



**Town of Mendon**  
**Board of Health**  
18 Main Street | Mendon, MA 01756  
PH: (508) 634-2656 | Email: BOH@MendonMA.Gov

**IMPORTANT:**  
Use the **TAB** key to move to the next line – **DO NOT USE** the **ENTER** key.

**APPLICATION FOR DISPOSAL WORKS  
INSTALLERS PERMIT**

CALENDAR YEAR			
2025	2026	2027	2028
\$125	\$160	\$180	\$200

1. BUSINESS CONTACT INFORMATION

☐ New Application    ☐ Renewal Application

Business Name		Owner/Applicant Name	
Business Physical Address	City/Town	State	Zip Code
Business Mailing Address (If Different from Above)	City/Town	State	Zip Code
Business Phone Number	Contact Email Address		

BOARD OF HEALTH OFFICE USE ONLY	Permit # Issued:	COMPLETED APPLICATION
<div><input type="checkbox"/> FULLY COMPLETED APPLICATION PAGES 1 - 4</div> <div><input type="checkbox"/> MASSACHUSETTS REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION (PAGE 3)</div> <div><input type="checkbox"/> MASS. WORKERS' COMPENSATION INSURANCE AFFIDAVIT (PAGE 4)</div> <div><input type="checkbox"/> COPY OF ACORD CERTIFICATE FOR <b>GENERAL LIABILITY INSURANCE</b> WITH THE MENDON BOARD OF HEALTH LISTED AS THE CERTIFICATE HOLDER</div> <div><input type="checkbox"/> COPY OF ACORD CERTIFICATE FOR <b>WORKERS' COMPENSATION INSURANCE</b> WITH THE MENDON BOARD OF HEALTH LISTED AS THE CERTIFICATE HOLDER (If Applicable)</div> <div><input type="checkbox"/> 3 COPIES OF CURRENT INSTALLERS LICENSES, SHOWING THE LISTED NAME OF THE LICENSED INSTALLER, ISSUED FROM OTHER CITIES/TOWNS, IF NOT PREVIOUSLY LICENSED IN THE TOWN OF MENDON.</div> <div><input type="checkbox"/> NON-REFUNDABLE CALENDAR YEAR FEE (CHECK MADE PAYABLE TO THE TOWN OF MENDON)</div>		
BOARD OF HEALTH NOTE(S):		

Signature of Board of Health Member	Date
Signature of Board of Health Member	Date

**BUSINESS ENTITY IS A(N):** ☐ Corporation ☐ Partnership ☐ Association ☐ Individual  
☐ Other Entity: \_\_\_\_\_

- |                           |  |  |  |                                    |                                    |                                |
|---------------------------|--|--|--|------------------------------------|------------------------------------|--------------------------------|
| <hr/>                     |  |  |  | <input type="checkbox"/> President | <input type="checkbox"/> Treasurer | <input type="checkbox"/> Clerk |
| <b>Name 1</b>             |  |  |  | <input type="checkbox"/> Partner   | <input type="checkbox"/> Manager   |                                |
| <hr/>                     |  |  |  |                                    |                                    |                                |
| <b>Address for Name 1</b> |  |  |  | <b>City/Town</b>                   | <b>State</b>                       | <b>Zip Code</b>                |
| <hr/>                     |  |  |  |                                    |                                    |                                |
| <b>Phone Number</b>       |  |  |  | <b>Email Address</b>               |                                    |                                |

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<input type="checkbox"/> President <input type="checkbox"/> Treasurer <input type="checkbox"/> Clerk	
<input type="checkbox"/> Partner <input type="checkbox"/> Manager	
<hr/> <b>Name 2</b>	
<hr/> <b>Address for Name 2</b>	
<hr/> <b>City/Town</b>	
<hr/> <b>State</b>	
<hr/> <b>Zip Code</b>	
<hr/> <b>Phone Number</b>	
<hr/> <b>Email Address</b>	

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<input type="checkbox"/> President <input type="checkbox"/> Partner		<input type="checkbox"/> Treasurer <input type="checkbox"/> Manager		<input type="checkbox"/> Clerk
Name 3		City/Town		State
Address for Name 3		Zip Code		
Phone Number		Email Address		

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**AS THE MAIN LICENSED INSTALLER, YOU ARE RESPONSIBLE FOR ALL ASPECTS OF CONSTRUCTION, ALTERATION, INSTALLATION, OR REPAIR OF ANY INDIVIDUAL SEWAGE DISPOSAL SYSTEM AND YOU ARE RESPONSIBLE FOR THE ADDITIONAL INSTALLER(S) YOU HAVE AUTHORIZED TO PERFORM WORK UNDER YOUR LICENSE.**

**AS THE LICESNED INSTALLER, ALL CERTIFICATES OF COMPLIANCE (FORM 3) MUST BE SIGNED BY YOU, REGARDLESS OF WHO COMPLETED THE WORK.**

Name of Main Licensed Installer	Name of Additional Installer – 1
Name of Additional Installer – 2	Name of Additional Installer – 3

## **MASSACHUSETTS GENERAL LAWS REGARDING INJURY TO SURFACE OF WAY**

Injury to surface of way; traction engines and heavy vehicles; permits; regulations; liability.

Except as provided in section nineteen A of chapter ninety, no vehicle shall travel or object be moved, on any public way, which has any device attached to or made a part of its wheels or the rollers or other supports on which it rests, which will injure the surface of the way; nor shall any vehicle travel or object be moved, on any public way, which weighs more than fourteen tons, or in the case of a vehicle equipped with pneumatic tires, more than fifteen tons, without a permit from the board or officer having charge of such way provided, that not such permit shall be required for the operation of a vehicle having three axes, whether or not so equipped, which does not weigh more than twenty tons. No vehicle shall travel, or object be moved, on any public way, the weight of which resting on the surface of such way exceeds eight hundred pounds upon any inch of the tire, roller or other support, without such a permit. All the aforesaid limitations as to weight shall be inclusive of the load. (MGL Ch. 85 P. 30)

Any person violating any provision of section thirty, thirty A, or thirty-one, or the regulations made or permits granted under authority thereof shall be punished by a fine on not more than one hundred dollars (\$100.00), to be paid to the commonwealth when state highways are injured and to the county, city, or town when any public way is injured which is under the care of said county, city or town, for use on the public ways of said county, city or town.

The undersigned agrees that he/she has read and understands the requirements of 310 CMR 15.00 the State Environmental Code Title V Subsurface Disposal of Sanitary Sewage and also agrees to abide by them. The undersigned has read and will follow the septic inspection requirement set by the Mendon Board of Health. Also, the undersigned understands that any violation of these regulations and the requirements of the Mendon Board of Health will be sufficient cause for revocation of the Disposal Works Installers Permit. The undersigned also agrees that he/she has read and understands the requirements of MGL Regarding Injury to Surface of Way and also agrees to abide by them and bears all responsibility to any listed additional installer(s).

**SIGNATURE OF MAIN LICENSER INSTALLER**

**DATE**



### **MASSACHUSETTS DEPARTMENT OF REVENUE REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION**

This request is made under the authority pursuant to Massachusetts General Law Ch. 62C. Section 49A.

I certify under the Penalties of Perjury That I Have Filed All Massachusetts State Tax Returns and Paid ALL Massachusetts State and Town Taxes Required under Law.

**Company Name**

**Company's Physical Address**

**City/Town**

**State**

**Zip Code**

**Company's Mailing Address (If Different from Above)**

**City/Town**

**State**

**Zip Code**

**Company's Phone Number**

**By: Corporate Officer Signature (Mandatory, If Applicable)**

**\*Signature of Individual (Mandatory)**

**\*\*Social Security # (Voluntary) or Federal Identification Number**

\* This license will not be issued unless this certification clause is signed by the applicant.

\*\* Your Social Security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation.



*The Commonwealth of Massachusetts*  
*Department of Industrial Accidents*  
*Office of Investigations*  
*Lafayette City Center*  
*2 Avenue de Lafayette, Boston, MA 02111-1750*  
*www.mass.gov/dia*

**Workers' Compensation Insurance Affidavit: General Businesses**

**APPLICANT INFORMATION – PLEASE PRINT LEGIBLY**

Business/Organization Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**Are you and Employer? Check the appropriate box:**

1. ☐ I am a Employer with \_\_\_\_\_ employees (full and/or part-time).\*
2. ☐ I am a Sole Proprietor or Partnership and have no employees working for me in any capacity.  
[No Workers' Comp Insurance Required]
3. ☐ We are a Corporation and its Officers have exercised their right of exemption per c. 152, §1 (4), and we have no employees.  
[No Workers' Comp Insurance Required]\*\*
4. ☐ We are a Non-Profit Organization, staffed by Volunteers, with no Employees. [No Workers' Comp Insurance Req.]

**Business Type (Required):**

5. ☐ Retail
6. ☐ Restaurant/Bar/Eating Establishment
7. ☐ Office and/or Sales (Incl. Real Estate, Auto, Etc.)
8. ☐ Non-Profit
9. ☐ Entertainment
10. ☐ Manufacturing
11. ☐ Health Care
12. ☐ Other: \_\_\_\_\_

\* Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

\*\* If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

**I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.**

Insurance Company Name: \_\_\_\_\_

Insurer's Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Policy # or Self-ins. Lic. #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).**

Failure to secure coverage as required under § 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

***I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.***

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

***Official use only. Do not write in this area, to be completed by city or town official.***

**City or Town:** \_\_\_\_\_ **Permit/License #:** \_\_\_\_\_

**Issuing Authority:** ☐ Board of Health ☐ Building Dept. ☐ City/Town Clerk ☐ Licensing Board

☐ Selectmen's Office ☐ Other: \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

# Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an **employee** is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An **employer** is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However, the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that **"every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required."** Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

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## Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply your insurance company's name, address and phone number along with a certificate of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

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## City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary). A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is **NOT** required to complete this affidavit.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

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The Department's address, telephone and fax number:

The Commonwealth of Massachusetts  
Department of Industrial Accidents  
**Office of Investigations**  
Lafayette City Center 2 Avenue de Lafayette,  
Boston, MA 02111-1750  
Tel. (857) 321-7406 or 1-877-MASSAFE  
Fax (617) 727-7749  
[www.mass.gov/dia](http://www.mass.gov/dia)

Form Revised July 2019

# SAMPLE OF ACORD INSURANCE CERTIFICATE



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b>     <b>INSURED</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>CONTACT NAME:</b></td> </tr> <tr> <td><b>PHONE (A/C, No, Ext):</b></td> <td><b>FAX (A/C, No):</b></td> </tr> <tr> <td colspan="2"><b>E-MAIL ADDRESS:</b></td> </tr> <tr> <td colspan="2" style="text-align: center;"><b>INSURER(S) AFFORDING COVERAGE</b></td> </tr> <tr> <td colspan="2"><b>INSURER A :</b></td> </tr> <tr> <td colspan="2"><b>INSURER B :</b></td> </tr> <tr> <td colspan="2"><b>INSURER C :</b></td> </tr> <tr> <td colspan="2"><b>INSURER D :</b></td> </tr> <tr> <td colspan="2"><b>INSURER E :</b></td> </tr> <tr> <td colspan="2"><b>INSURER F :</b></td> </tr> </table>	<b>CONTACT NAME:</b>		<b>PHONE (A/C, No, Ext):</b>	<b>FAX (A/C, No):</b>	<b>E-MAIL ADDRESS:</b>		<b>INSURER(S) AFFORDING COVERAGE</b>		<b>INSURER A :</b>		<b>INSURER B :</b>		<b>INSURER C :</b>		<b>INSURER D :</b>		<b>INSURER E :</b>		<b>INSURER F :</b>	
<b>CONTACT NAME:</b>																					
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<b>INSURER(S) AFFORDING COVERAGE</b>																					
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<b>INSURER C :</b>																					
<b>INSURER D :</b>																					
<b>INSURER E :</b>																					
<b>INSURER F :</b>																					

**COVERAGES**

**CERTIFICATE NUMBER:**

**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/PROP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER**

**CANCELLATION**

<b>MENDON BOARD OF HEALTH</b> <b>18 MAIN STREET</b> <b>MENDON, MA 01756</b> <b>BOH@MENDONMA.GOV</b>	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p>
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ACORD 25 (2016/03)

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## **Town of Mendon**

### **Board of Health**

18 Main Street | Mendon, MA 01756

PH: (508) 634-2656 | Email: BOH@MendonMA.Gov

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### **SEPTIC INSPECTION REQUIREMENTS**

1. The Board of Health requires the use of a Septic System Construction Job Card/Permit for the installation of components and the installation of complete septic systems. You are required to pick this card up from the BOH Office prior to starting work. This Septic System Construction Job Card/Permit shall be left on site for the authorized Board of Health Agent to sign accordingly, as needed. Once all the required inspections have been completed and signed off by the authorized BOH Agent, you must return this Septic System Construction Job Card/Permit to the BOH Office. The Certificate of Compliance will not be signed until this Septic System Construction Job Card/Permit has been returned with the authorized BOH Agent signatures.
2. Inspections will be conducted by appointment only.
3. A copy of the approved plan shall be kept on site.
4. When there is a need to satisfy a repair condition, the septic tank must be replaced if the existing septic tank is 10 years of age or older. The type of septic tank required is a two-compartment style septic tank. Other types of repairs, which would not require a replacement of the septic tank, would carry forward per Title V Regulations.
5. When a new septic tank is being installed for a new construction, the septic tank to be installed must be a two-compartment style septic tank.
6. Inspection of the septic tank hole showing a 6" stone base is required prior to setting the tank.
7. Inspection of the bottom of the leaching system is needed prior to any fill material being brought in (regardless of whether there is a 5' over – dig or not).
8. Final inspections of all the components are required. Systems shall not be backfilled until an "as-built" plan is received, or verbal confirmation by the design engineer is acknowledged.
9. Final grading inspection will not be required, prior to the issuance of a certificate of compliance.
10. Certain situations may require additional review in special situations.
11. No deviations from the septic design plan may occur without notification to and approval from the BOH.
12. Please be reminded that all fill material shall be "homogeneous" septic sand, free of any material greater than 2" in diameter.
13. Backfill material over the system shall consist of material that is free of stones and rocks greater than 6" in diameter. The final cover above the system shall be graded so that surface drainage is directed away from the system.
14. All system stone shall be double washed; and will be checked on site by the Health Agent prior to being put in place.
15. If not permitted in Town of Mendon in past few years, 3 copies of permits are needed if you are permitted in other towns. If there is no proof of prior experience, a Septic Installer's test will be administered at an additional cost.



**TOWN OF MENDON**  
**BOARD OF HEALTH**  
18 Main Street  
Mendon, MA 01756

**Office Phone:** (508) 634-2656  
**Email:** BOH@MendonMA.Gov  
**Website:** www.MendonMA.Gov/BOH

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## **REASONS FOR BOH PERMIT DENIAL, SUSPENSION, AND/OR REVOCATION**

- A. In accordance with the authority granted by the General Laws of the Commonwealth of Massachusetts, Chapter 111, Section 31 which states "Boards of Health may make reasonable health regulations." The Board of Health of the Town of Mendon is charged with the protection of public health, and it is the responsibility of the Applicant of any Permit issued by the Board of Health to read, understand, and comply with a Board of Health regulation or other local regulations, by-laws, ordinances or rules in relation to the Town of Mendon.
- B. The Board of Health may refuse to issue or renew a permit or may issue a notice to suspend operations conducted under an existing Permit previously issued, by the Board of Health, based on one or more of the following conditions. Each shall constitute full and adequate grounds to deny an Application for all Permits or suspend operations conducted under an existing Permit. The notice of refusal, or notice to suspend operations, shall provide the grounds upon which the notice is based and shall notify the applicant of the right to a hearing. The following shall be grounds for such notice:
- i. Failure to submit a permit application in accordance with Board of Health procedures.
  - ii. Failure to submit the required fee.
  - iii. Any attempt to impede the work of a duly authorized agent of the Board of Health.
  - iv. Providing false or misleading statements to the Board of Health.
  - v. Operating without an approved permit.
  - vi. Providing false or misleading statements or documents to the Board of Health or keeping any misleading or false records or documents intended to satisfy the requirements of any regulation.
  - vii. The applicant or, if the applicant is a corporation, a corporate officer or the owner of the facility, has been convicted of, plead guilty or no to contendere to, or has in a judicial proceeding, admitted facts sufficient to find that s/he is guilty of a crime in connection with the operation of the business.
  - viii. The applicant, or if the applicant is a corporation, a corporate officer or the owner of the company has engaged in conduct that has endangered the public health.
  - ix. Failure to pay any federal, state or local taxes as required by law pursuant to MGL c. 62C, § 49A.
  - x. Failure to comply with the requirements issued by the Board of Health.
  - xi. Failure to comply with a Board of Health regulation or other local regulations, by-laws, ordinances or rules in relation to the Town of Mendon.
  - xii. Such other reasons not stated above which pose a risk to the public health and safety.
- C. The Board of Health may issue an order to revoke a Permit or refuse to renew a Permit or terminate one or more particular operations for:
- i. Serious or repeated violations of any of the requirements of a Board of Health regulation.
  - ii. Failure to comply with an Order of the Board of Health.

Any by-law of the Town of Mendon or any rule or regulation of its officers, boards or departments, the violation of which is subject to a specific penalty, may, in the discretion of the town official who is the appropriate enforcing person, be enforced in the method provided in MGL c. 40, § 21D. The noncriminal fine for such violation, if not otherwise specified, shall be \$50. Each twenty-four-hour period during which a violation exists shall constitute a separate offense, and a separate and additional fine shall be imposed.