



## Board of Health

Town of Royalston  
5 School Street PO Box 102 . Royalston MA. 01368  
Tel (978)249-3617  
Email: boh@royalston-ma.gov

**Fee: \$100 (All checks must be made payable to the Town of Royalston)**

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

Date: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Name of Company/Business: \_\_\_\_\_

Address of Company/Business: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

The undersigned agrees to the following:

1. All work will be completed according to current Title 5 regulations 310 CMR 15.00
2. The undersigned installer will not begin any job until the Disposal System Construction Permit, Septic Plans if applicable AND the Installer's Permit have been approved.
3. The septic system will not be covered until the Board of Health Agent AND the Design Engineer have completed inspections and approved the installation.
4. The undersigned will seek prior approval from the Board of Health before any repairs are made to any septic system without a design.
5. The undersigned will seek prior approval from the Board of Health of any changes that must be made during any installation that are different from the approved septic design. An as-built plan will be provided in this case.

\_\_\_\_\_  
Applicant Signature

#### **IMPORTANT:**

If this is your first time installing a septic system in the Town of Royalston and applying for a Disposal Works Installer's Construction permit, please submit 3 active Installer's Permits from other municipalities in Massachusetts with this application.

If you have no experience installing septic systems, you must work as an apprentice under an installer who holds a current Installer's permit with the Royalston Board of Health. The licensed installer shall be onsite during installation and shall sign off on all permits relative to the septic system. Said installer shall write a letter of recommendation to the Board of Health about the workmanship of your installation on that particular job. A total of 3 apprentice jobs shall be completed with positive letters of recommendation pertaining to your workmanship in order to obtain your Installer's Permit with the Royalston Board of Health.

Please note that the Board of Health requires a 24 hour notice for inspections. A minimum of two inspections are required: 1) bottom of excavated leaching area; and 2) final system component (or inspection of each individual component if done in phases). The Board of Health and the Board of Health Agent agree to make every effort to be responsive and available for inspections in a timely manner.