



## PETERSHAM BOARD OF HEALTH

3 South Main Street • P.O. Box 486 • Petersham, MA 01366-0486

978/724-0057 tel. • 978/724-3501 fax

petershamboh@verizon.net

### Application for Minor Repair to Septic System      Fee \$100

**Any Repair or alteration to any septic system must be presented to the Board of Health for either a permit or approval.**

### Permit for Minor Repair to Subsurface Sewage Disposal System

Homeowner \_\_\_\_\_ Phone Number \_\_\_\_\_

Address of site \_\_\_\_\_

Mailing Address \_\_\_\_\_

Installer \_\_\_\_\_ License # \_\_\_\_\_

Estimated Installation date \_\_\_\_\_

Parcel # as on Petersham Assessors Map \_\_\_\_\_

Type of repair

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Inspected by \_\_\_\_\_ Date \_\_\_\_\_

Check received \_\_\_\_\_ # of check \_\_\_\_\_

Signature of homeowner \_\_\_\_\_

**Any repair or alterations to a septic system must be submitted by the homeowner to the Board of Health for either a permit or approval.**

It's the homeowner's and installer's responsibility to make sure a permit is in hand.

\*\*\*\* PLEASE PROVIDE THE BOARD OF HEALTH WITH A RECEIPT FROM YOUR CONTRACTOR UPON COMPLETION\*\*\*\*

Permit # \_\_\_\_\_ Date \_\_\_\_\_ BOH signature \_\_\_\_\_

## PETERSHAM BOARD OF HEALTH

### INSTALLING/REPAIRING/UPGRADING A SEPTIC SYSTEM

**WETLANDS:** If there are wetlands within 100 feet of work area, it's the owner's responsibility to consult with The Petersham Conservation Commission. If wetlands are involved the owner needs to file a Notice of Intent with the Conservation Commission and Order of Conditions before any work can be done. A signed letter by the Petersham Conservation Commission has to be attached to the perc application, if needed.

- Submit Application for Testing Land (Perc Test) with \$175 fee to BOH . The office will fax the application to our Health Agent, then your engineer schedules perc with town's agent and your excavator.

#### **If Perc passes:**

- Your engineer provides two (2) copies of the plan and a construction permit application to the BOH, along with \$300.00 and a signed letter from the Conservation Commission, if needed. The three hundred dollars covers the construction permit (\$150.00) and the bottom (\$75.00) and final inspection (\$75.00).

The plan is sent to be reviewed by the town's agent. If the plans need to be revised there is an added cost of \$50.00, for each additional review.

#### **If everything is in order:**

- The BOH issues a construction permit at its next meeting to the homeowner and installer only if the installer is listed and has a valid permit in the Town of Petersham. The installer must have the construction permit in hand before starting the work. If work is started without a permit the application will be null and void and applicant will have to apply again and pay fee again.
- During construction, the town's agent will be doing two inspections that will be scheduled by your contractor.
- Soil stabilization shall be accomplished immediately following construction or repair of a septic system on the area that has been disturbed. Stabilization during the growing season shall be by seeding and after Oct.1 by heavy mulching. Other methods must be approved by the BOH. No "certificate of compliance" shall be issued until this work is satisfactorily completed and inspected.
- Your engineer submits an as-built plan to the BOH
- **Please plan accordingly**  
*[System is installed, connected to the house, inspected, fees paid, and as-built plans received]*
- The BOH issues a certificate of compliance at its next meeting – **PLEASE DO NOT SCHEDULE A CLOSING BEFORE YOU HAVE THE CERTIFICATE OF COMPLIANCE IN HAND.**

If you are installing a well, all the required documentation must be submitted before a certificate of compliance will be issued. (See application for installing a well for specifics).

*The Board of Health meets the first and third Thursday of each month @ 7:30 p.m. in the Town Office Building, 3 South Main Street.*

*If you have any questions, please call the BOH at 978-724-0057.*

***petershamboh@verizon.net***

The Board of Health will not schedule any septic system installation inspections from December 15<sup>th</sup> to March 31<sup>st</sup> except at the discretion of the Board.



The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 Office of Investigations  
 1 Congress Street, Suite 100  
 Boston, MA 02114-2017  
 www.mass.gov/dia

Print Form

Workers' Compensation Insurance Affidavit: General Businesses

**Applicant Information**

Please Print Legibly

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

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

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

**Are you an employer? Check the appropriate box:**

- 1.  I am an 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 Section 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 (circle one):

- 1. Board of Health
- 2. Building Department
- 3. City/Town Clerk
- 4. Licensing Board
- 5. Selectmen's Office
- 6. Other \_\_\_\_\_

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