



Town of Rowley

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Board of Health
APPLICATION

Center School Municipal Annex
39 Central Street, P.O. Box 783
Rowley, Massachusetts 01969

Septic Installer License

Name of Business Establishment: _____ Date: _____

Applicant Name: _____

Mailing Address: _____

Business Address: _____

Home Address: _____

Business Phone: _____ Mobile: _____ Fax: _____

E-mail Address _____

The following must be submitted with this application:

1. Annual Fee: \$150.00, Payable to the Town of Rowley (**Renewable Annually before Jan. 1**).
2. A Completed: SIT-62C Form.
3. Proof of insurance.
4. Worker's Compensation Affidavit
5. Copy of Heavy Equipment Operator License.
6. Copy of any new or renewed Certificates of Expertise for septic installations (ex: Presby, Bottomless Sand Filter, etc.).

I certify that the information I have provided above is true and accurate. I agree to conduct my business in accordance with the rules, regulations, and /or special condition(s) imposed by the Rowley Board of Health. I certify that, as the applicant, I have read and understand Title 5, the State Environmental Code and the Rowley Board of Health Regulations and agree to abide by them. Also, the applicant understands that any violation of Title 5 or the Rowley Board of Health Regulations will be sufficient cause for revocation of the Septic Installer's License.

Signature of Applicant

Date

DO NOT WRITE BELOW
TO BE COMPLETED BY BOARD OF HEALTH

☐ GRANTED: Date: _____ ☐ DENIED: Reason: _____