

TO: Prospective Disposal Works Installer – New License Applicants

Please complete the attached Application form for a license as a **DISPOSAL WORKS INSTALLER**, and return it along with your Workers Compensation Affidavit form.

Submit both documents to: Canton Board of Health, Administrative Office, 79 Pleasant Street (Pequitside Farm), Canton, MA 02021.

If you have any question relating to the application process please contact Diane White, Board of Health Administrative Assistant at (781) 821-5021. Office hours are from 8:00 AM to 4:00 PM, Monday through Friday.

NEW LICENSE APPLICANTS are required to SUBMIT copies of at least three (3) recently issued copies of Disposal Works Installer Licenses from other Towns/Municipalities within the Commonwealth of Massachusetts with their application paperwork/package.

THE COMMONWEALTH OF MASSACHUSETTS  
CANTON BOARD OF HEALTH  
79 PLEASANT STREET, CANTON, MA 02021  
(781) 821-5021

**\*\*APPLICATION FOR GENERAL PERMIT/LICENSE\*\***

DATE: \_\_\_\_\_

FEE: \$50.00

PERMIT/LICENSE TYPE: **DISPOSAL WORKS INSTALLER**

LICENSING PERIOD: JANUARY 1, \_\_\_\_\_ to DECEMBER 31, \_\_\_\_\_

THE UNDERSIGNED HEREBY APPLIES FOR A LICENSE IN ACCORDANCE WITH THE PROVISIONS OF THE STATUTES RELATING THERETO:

**NAME of PERSON and COMPANY:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**City/Town:** \_\_\_\_\_

**Business Phone Number:** \_\_\_\_\_

**Business Mailing Address:**

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

"IN ACCORDANCE WITH THE RULES AND REGULATIONS MADE UNDER THE AUTHORITY OF SAID STATUTES, I

\_\_\_\_\_ signature of applicant

CERTIFY UNDER PENALTY OF PERJURY THAT I, TO MY BEST KNOWLEDGE AND BELIEF, HAVE FILED ALL STATE TAX RETURNS AND PAID ALL STATE TAXES REQUIRED UNDER LAW."

SIGNATURE OF INDIVIDUAL, OR CORP, NAME: \_\_\_\_\_

BY CORPORATE OFFICER: \_\_\_\_\_

SOCIAL SECURITY NO. OR FEDERAL INFO NO: \_\_\_\_\_

**\*Permit/License Will Not Be Issued Unless Certification Clause Is Signed.**

**\*Payment Is Due With The Application/Checks Payable To Town Of Canton**

**\*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 Suspension Or Revocation. This Request Is Made Under Authority Of The Mgl Ch62c, S49a.**

The Commonwealth of Massachusetts  
Department of Industrial Accidents  
Office of Investigations  
1 Congress Street, Suite 100  
Boston, MA 02114-2017  
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 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: CANTON 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: DIANE J. WHITE Phone #: **781 821 5021**

# 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.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts  
Department of Industrial Accidents  
**Office of Investigations**  
1 Congress Street, Suite 100, Boston, MA 02114-2017  
Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE  
Fax # 617-727-7749

The CANTON BOARD OF HEALTH enforces 310 CMR 15.000, et al, (Title 5) of the State Sanitary Code and as well as all of the following policies:

**POLICIES:**

- 1. Appointments for Soil Percolation Testing and/or Soil evaluations with the Canton Board of Health.**
- 2. Septic Systems and Sewer Connection.**
- 3. Private Wells.**

At its June 2, 2003 meeting the Canton Board of Health voted to institute the following policy to prevent individuals or companies from making appointments for soil percolation testing and/or soil evaluations with Board of Health staff and not being present for the appointment or not arriving on site with the proper equipment and/or personnel:

**POLICY- Appointments and Cancellations**

When an individual or company makes an appointment with the Board of Health or its Agents (collectively, the Board) to witness a Title 5 percolation test and/or soil evaluation (collectively, soil testing) and the soil testing can not be conducted because the appropriate project proponents are not at the site at the appointed date and time, or are not properly prepared to conduct the soil testing, the fee for such soil testing shall not be refunded. In the event the fee has not previously been paid, no further Title 5 services from the Board shall be rendered until such time as the appropriate fee for the missed appointment has been paid. A new fee shall be paid for any newly scheduled Title 5 services from the Board of Health

The appointment for soil testing shall be considered abandoned by the project proponent(s) if the Board arrives at the appointed site at the appointed date and time and the appropriate personnel and/or appropriate equipment to conduct the soil testing is not on site.

Exceptions to this Policy:

1. When the percolation testing and/or soil evaluation are cancelled by the Board.
2. When the project proponent contacts the Board of Health Office and informs the Board at least 24 hours in advance of a cancellation.
3. Cancellation by the project proponent in the Board of Health Office less than 24 hours before the appointed time, but prior to the Board arriving at the site for soil testing may be accepted at the Board's sole discretion which shall release the project proponent from losing the fee as stated in this Policy

Cancellation of soil testing because of inclement weather is at the sole discretion of the Board. Project proponents are advised to check with the Board of Health Office if he/she believes that a soil test shall be cancelled because of weather conditions.

The Board may waive any section of this policy for cause.

James N. Marathas, Chairman; Paul J. Alfano, Vice Chairman; Robert Schneiders, Clerk  
Date Signed: June 2, 2003; by Canton Board of Health Members

## **POLICY – SEPTIC SYSTEMS AND SEWER CONNECTIONS**

Based on the opinion and advice from the Town of Canton's Legal Counsel and its interpretation of the "Interbasin Transfer Application for the Town of Canton Well #9" (ITA) issued by the Massachusetts Water Resources Commission (WRC), the Canton Board of Health hereby issues this policy for requiring the installation of Title 5 onsite wastewater treatment facilities (septic systems) instead of ordering a connection to public sewers for mitigation, repair or replacement of an existing sewage disposal system.

Canton's Legal Counsel has determined that ordering the connection of a dwelling to a public sewer system instead of a Title 5 onsite wastewater treatment facility installation, even when a public sewer connection is feasibly available is not in conformance with the intent of the ITA which limits the Town of Canton (Town) to refrain from permitting activities that will not recharge the Town's groundwater.

As fully complying Title 5 onsite wastewater treatment facilities inherently recharge groundwater, the Board of Health hereby declares that it shall be a policy to require the installation of Title 5 onsite wastewater treatment facilities instead of ordering a connection to public sewers for mitigation, repair or replacement of existing sewage disposal systems. This policy does not include the requirement to connect to a tight tank. An exception to this policy is in instances where installation of a Title 5 onsite wastewater treatment facility is infeasible due to environmental or engineering hardships.

This policy shall remain in full force and effect until it is no longer necessary and then rescinded by a vote of the Board.

This policy shall become effective immediately.

Date Signed: 11/5/2007; by Canton Board of Health Members

James N. Marathas, Chairman; Paul J. Alfano, Vice Chairman; Robert Schneiders, Clerk

## **POLICY - PRIVATE WELLS**

Based on the opinion and advice from the Town of Canton's Legal Counsel and its interpretation of the "Interbasin Transfer Application for the Town of Canton Well #9" (ITA) issued by the Massachusetts Water Resources Commission (WRC), the Canton Board of Health hereby issues this policy for the permitting of private wells. This policy affects private drinking water wells and irrigation wells but does not include monitoring wells developed for bona fide legal investigative purposes.

Canton's Legal Counsel has determined that the installation of any irrigation well or private drinking water well where a public water connection is feasibly available is contrary to the intent of the ITA which limits the Town of Canton (Town) to refrain from permitting activities that will draw down the Town's groundwater to levels outside of that permitted by the WRC.

As irrigation wells and private drinking water wells inherently draw down groundwater levels, the Board of Health hereby declares an indefinite moratorium on issuing permits for, or allowing the construction of such wells. An exception for drinking water wells may be made in instances where a dwelling or business is located in an area where public water is unavailable or infeasible.

This policy shall remain in full force and effect until it is no longer necessary and then rescinded by a vote of the Board.

This policy shall become effective immediately.

Date Signed: 11/5/2007; by Canton Board of Health Members

James N. Marathas, Chairman; Paul J. Alfano, Vice Chairman; Robert Schneiders, Clerk



# Town of Canton, Massachusetts

## BOARD OF HEALTH 79 Pleasant Street Canton, Massachusetts 02021

### Board of Health

*Dr. Julie E. Goodman, PhD, Chairman*

*Robert Schneiders, Vice-Chairman*

*Paul J. Alfano, Clerk*

Tel.: (781) 821-5021

Fax: (781) 821-0337

### Director of Public Health

*John L. Ciccotelli, R.S., C.H.O.*

**DATE:** August 14, 2007

**TO:** Septic System Inspectors conduction Title 5 Septic System Inspections in Canton

**FROM:** John L. Ciccotelli, R.S., C.H.O. Director of Public Health, Canton Board of Health

**RE:** Notice of Deficiencies in Title 5 Septic System Reports

Please be advised that the Board of Health (Board) reviews all Title 5 Septic System Inspection Reports (Report) to determine whether they were completed properly and accurately, whether the conclusion of each Report agrees with the stated facts within the document and whether there are any other anomalies present. Effective September 1, 2007, any Report containing deficiencies, in the view of the Board, will be deemed unacceptable and a "Notice of Deficiency in the Title 5 Septic System Report" (Notice) indicating that the Report is unacceptable will then be forwarded to both the Title 5 Septic System Inspector (Inspector) and to the owner of the property where the septic system or cesspool is located. A revised Report addressing any listed deficiencies shall then be resubmitted to the Board within fourteen (14) days of the date on the Notice by the Inspector in order to satisfy the requirements of 310 CMR 15.300-15.301. The Board review will include, but not be limited to the following criteria:

- Whether the Inspection Report was signed by the Inspector
- A determination of whether the Inspector is listed or not as a certified Title 5 Septic System Inspector on the State supplied list of septic system inspectors
- If the conclusion of "Pass" or "Fail" agrees with the stated facts in the Report
- Whether a legitimate reason is listed for "System Conditionally Passes" designation
- Whether a legitimate reason is listed for a "Further Evaluation Is Required By Board of Health" designation
- Whether the "System Failure Criteria Applicable to All Systems" (Section C) section is complete and/or accurate
- Whether the Checklist (Section C) is complete and/or accurate
- Whether the System Information (Section D) is complete and/or correct and/or adequate
- Whether the groundwater level was determined reliably (not extrapolated)
- If the groundwater level was established for a cesspool or seepage pit by pumping it out and waiting to see if there was any inflow of groundwater
- Other criteria that may be deemed relevant by the Board of Health

**Please Note: Groundwater levels MUST be established by direct observation.  
Computer models are unacceptable.  
Extrapolation is unacceptable.**



## **TO: DISPOSAL WORKS INSTALERS**

The Engineer who designed the plans for the system you will be installing needs to contact, TIM MARBLE, Board of Health Agent and Soil Evaluator at (617) 827-8360 (cell phone). He/she should be prepared to leave a Voice Mail message.

Placing the following information into Voice Mail is most helpful:

Name of Contact, Company Name, phone number, and the specific location (must have an official street number and street name) you would like to schedule the deep hole observation and percolation test witnessing, and the expected number of each to be performed.

The Board of Health Agent requires advance notice in order to schedule mutually agreeable times to perform deep hole observations and percolation test witnessing. The fee charged for Percolation Test Witnessing and Deep Hole Observation by the Canton Board of Health Agent is a minimum of \$50.00 for the first hour, and then time is billed by the quarter hour at the \$50.00 per hour rate. Payments shall be forwarded to the Canton Board of Health, Administrative Office, 79 Pleasant Street, Canton, MA. Please reference the percolation test and deep hole observation address and the date the test and observation was performed when submitting payment(s).

The fee to submit an APPLICATION FOR A DISPOSAL SYSTEM CONSTRUCTION PERMIT (DSCP), Form 1255, is \$100.00 (Payable to the Town of Canton). Three original signed and dated engineered design plans, and stamped (by the Engineer), need to be submitted with the DSCP application document. Form 1255 requires the Professional Engineer's Registration (wet) stamp on the top portion of the Form along with his/her signature over the stamp.

The APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT is set-up with three separate PERMITTING documents within the actual document.

The FIRST PORTION is the upper portion of the form the "APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT". The Map/Parcel number and Lot number need to be completed within this portion of the form. The location MUST have an official permanent address - please contact the Canton Board of Assessors Office at (781) 821-5008 to obtain the location's address information. This portion of the document requires a signature be placed within the lower portion of this section of the form which states:

***"The undersigned agrees to install the above described Individual Sewage Disposal System in accordance with the provisions of TITLE 5 and further agrees to not place a system in operation until a Certificate of Compliance has been issued the by Board of Health.  
Signed \_\_\_\_\_ Date \_\_\_\_\_"***

(The COMPLETED APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT package will be reviewed by the Director of Public Health.)

The SECOND PORTION of Form 1255 is located in the lowest portion of the document and is referenced to as the DISPOSAL SYSTEM CONSTRUCTION PERMIT.

Once the Director's approval signature is placed on the DISPOSAL SYSTEM CONSTRUCTION PERMIT and the Engineered Plans; the DISPOSAL SYSTEM

CONSTRUCTION PERMIT cannot be distributed to any party until an Installer's **name**, **address**, and **telephone number** have been submitted with the "Application for Disposal System Construction Permit" portion of Form 1255 documentation.

The THIRD PORTION of Form 1255 is the CERTIFICATE OF COMPLIANCE. Upon completion of the installation of the septic system, it is imperative the CANTON BOARD OF HEALTH receive an **original, stamped AS-BUILT** plan (signed and stamped by the engineer). The Director of Public Health will review the AS-BUILT document(s); and if the system has passed all inspections and was installed in accordance with the provisions of Title 5, and all other required documents have been submitted, he will sign and date the CERTIFICATE OF COMPLIANCE portion of Form 1255. The original CERTIFICATE OF COMPLIANCE will be forwarded to the OWNER'S NAME and ADDRESS listed on the Application portion of the DSCP.

If you have any questions or concerns, please contact the Canton Board of Health office at 781 821 5021.