



# TOWN OF PALMER

Palmer Town Building  
4417 Main Street  
Palmer, Massachusetts 01069

Telephone: (413) 283-2606  
FAX (413) 283-2637

## OFFICE OF THE BOARD OF HEALTH

### SEPTAGE INSTALLER APPLICATION

**ANNUAL FEE \$ 100.00**

In accordance with M.G.L c. 111, Section 31B and 310 CMR 15.00 (Title 5) the undersigned makes application to the Board of Health for permission to install septic systems approved by the Palmer Board of Health:

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

Business Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

List the towns in which you have performed septic system installation:

\_\_\_\_\_

List at least two references such as designers and/or clients with current phone numbers:

\_\_\_\_\_

I certify that the information I have provided above is true and accurate. I recognize that it is a violation of this permit to install or repair septic systems without Town of Palmer, Board of Health approved plans and that any work completed without authorization by the Board of Health may result in loss of license.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Applicant

Taxes Paid

\_\_\_\_\_ Yes

\_\_\_\_\_ No

Signature of Tax Collector \_\_\_\_\_