



Town of Hingham

Department of Health

**Disposal Works Installer**  
**APPLICATION FOR PERMIT**

*Disposal Works Installer's Permit to Construct, Alter, Install or Repair  
Septic Disposal Systems*

To The Licensing Authorities:

In accordance with the provisions of the Statutes relating thereto, application for a Permit is hereby made by:

Name of Company \_\_\_\_\_

Street Address \_\_\_\_\_

City, State & Zip Code \_\_\_\_\_

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**REQUIRED**

**Permit holders may not subcontract out the construction, alteration, installation or Repair work on a Sewage Disposal System or Plant unless the subcontractor has passed the examination and has received a Disposal Works Installer's Permit. Permit holders are responsible for all work performed on a Sewage Disposal System or Plant by an employee or person under his or her direction.**

**Employees installing system:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_