

BOARD OF HEALTH

William J. Lee Memorial Town Hall
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Wakefield, MA 01880
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BOARD MEMBERS
Laurel Gourville
Ann McGonigle Santos
Elaine Silva



HEALTH DIRECTOR
Ruth L. Clay, MPH

Septic Installer Application

Date: _____

To the Licensing Authorities:

The undersigned hereby applies for a license in accordance with the provisions of the Statutes relating thereto:

Name: _____
(Full name of person, firm or corporation making application)

Address: _____

in said Town of Wakefield, MA, in accordance with the rules and regulations made under authority of said Statutes.

Signature of Applicant

Telephone #

Fax#

E-mail address

Social Security # or Federal I.D.

No Inspection requests will be honored unless requested by a licensed installer.

Hydraulic Engineers Name and License # _____
