

# MILTON BOARD OF HEALTH

## *DISPOSAL WORKS INSTALLER PERMIT*

### Supplemental Information

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

CELL PHONE/BEEPER NUMBER: \_\_\_\_\_  
(Required To Reach Installer On-Site or Outside Normal Business Hours)

LIST OTHER COMMUNITIES THAT YOU ARE CURRENTLY LICENSED IN:  
(If New Applicant, Please Attach Copies of 2-3 Different Current Permits From These Towns)

---

---

---

---

REFERENCES: (For New Applicants Only)

---

Name	Address	Telephone Number
------	---------	------------------

---

Name	Address	Telephone Number
------	---------	------------------

---

Name	Address	Telephone Number
------	---------	------------------

**“I certify that I have read and fully understand the subsurface sewage disposal system requirements of the State Environmental Code, 310 CMR 15.000, Title V, and that I agree to comply with such regulations as existing or may from time to time be amended, and that I am familiar with the construction practices and inspection requirements of the Milton Board of Health.”**

Signature of Applicant: \_\_\_\_\_