

Permit Number _____

Issue Date _____

Fee Paid _____

GBBOH Authorization _____

Great Barrington Board of Health

334 Main Street, Great Barrington, MA 01230

413.528.0680 fax-528.3064

(Revised 3/11/14)

Disposal System Construction Permit

(This permit is not transferable and is good for a maximum of three years.)

Type of Permit: ☐ Repair ☐ Upgrade ☐ New Construction ☐ Abandonment

☐ Repairs/Components (\$100) ☐ Complete System (\$250.) Design Flow: _____ (Gallons Per Day)

Address of Disposal System Installation _____

Map and Lot Number _____ Owner's Name _____

Owner's Address _____

Application submitted by _____ Dated _____ Fax # _____

Attached Plan Number _____ By _____ Dated _____

GBBOH Licensed. Installer _____ Fax # _____

Address and Phone Number _____

Variances Granted _____ Date _____

_____ Date _____

☐ House Plans Reviewed ☐ Outlet Filter and Riser to Grade ☐ Two-Compartment Septic Tank

Conditions of Permit: _____

Installer must phone GBBOH before beginning construction. Any changes to the plans or installation must have the written approval of the designer and the GBBOH. Before covering, all system components must be inspected by the designer and the GBBOH. Within 30 days of completion, the Designer and Installer must submit an as-built sketch with ties to all system components and a letter certifying that the installation was done according to the plans and Title V. If certified fill is used, a current sieve analysis must also be submitted. No person shall discharge sewage to this system without first obtaining a Certificate of Compliance. The applicant, designer and installer should be aware of their obligation to comply with the regulations of the Division of Water Pollution Control pursuant to MGL c.21, s. 43, the Wetlands Protection Act MGL c.131, s.40 and the Bylaws and Regulations of Great Barrington and the Great Barrington Conservation Commission.

The Owner/Applicant is hereby granted permission work on the septic system at the above location as described and mapped in the Disposal System Construction Permit Application. All work is to be done in accordance with GBBOH regulations and Title V of the State Environmental Code Chapter 310 CMR 15.00.

Trench Permit # _____ Approved by the GBBOH _____ Date _____

***Installer to comply with Trench Regulation 520 CMR 14.00 if required. Permit required prior to commencing work.

Disposal System Certificate of Compliance

BOH Inspection Certification _____

Installer's Certification Letter received _____

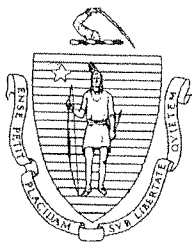
Engineer's Certification Letter received _____

As-Built Plans received _____ Sieve Analysis _____

Existing components decommissioned (Statement in Certification) _____

Approved by the GBBOH _____ (Health Agent) Date _____

This certificate does not satisfy the requirements of Title V for a Property Transfer unless newly installed septic system or accompanied by a valid Title V report. This Certificate is good for two years and shall not constitute a statement that the system will function as designed, nor shall it in any way limit the powers or responsibilities of the Board of Health to protect the public health or environment.



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: _____ 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: _____ Phone #: _____

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."

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.

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 7406 or 1-877-MASSAFE

Fax # 617-727-7749

www.mass.gov/dia