



Board of Health
Town of Dalton
462 Main Street
Dalton, MA 01226
684-6111 ext. 20
boh@dalton-ma.gov

Fee: \$100

Septic System Installer License Application

Company Name: _____

Owner / Contact Name: _____

Mailing Address: _____

Facility Address: _____

Business Telephone: _____ Home Telephone: _____

Fax Number: _____ Email: _____

Have you ever installed a subsurface disposal system? Yes: _____ No: _____

If yes list when and in what Town / States: _____

Are you a certified septic system installer? Yes: _____ No: _____

If yes, who issued your certification? _____

List of known septic systems that you will be installing in 2020:

Signature of Applicant

Date

Application approved by

Date