

**TOWN OF NORTH ANDOVER**  
**Office of COMMUNITY DEVELOPMENT AND SERVICES**  
**HEALTH DEPARTMENT**  
**1600 OSGOOD STREET; Building 20; Suite 2-36**  
**NORTH ANDOVER, MASSACHUSETTS 01845**



Susan Sawyer, REHS  
Public Health Director

978.688.9540 – Phone  
978.688.8476 – Fax

**APPLICATION FOR DISPOSAL WORKS INSTALLER'S LICENSE**

*\*\*\* Please note that the individual septic INSTALLER is licensed, not the company \*\*\**

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

TO THE LICENSING AUTHORITIES:

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

NAME:

AFFILIATED WITH FIRM OR CORPORATION:

ADDRESS OF COMPANY:

TELEPHONE OF COMPANY:

E-Mail:

FEDERAL ID# / SS#:

**TO: CONSTRUCT AND REPAIR SUBSURFACE DISPOSAL SYSTEMS**

*In the Town of North Andover, Massachusetts in accordance with the rules and regulations made under authority of said statutes.*

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

Home Address: \_\_\_\_\_

\_\_\_\_\_  
Contact Phone Number(s)

**FEE: \$80.00**

**RENEWALS - LATE FEE:** Additional \$80.00 - after January 1st

Please make check payable to the *Town of North Andover, and mail to above address.*