

Location: _____ Inspection Day: _____

Town of Plymouth

PUBLIC HEALTH DEPARTMENT
SEPTIC SYSTEM INSTALLATION CHECKLIST

Permit Number & Year _____

SYSTEM INSTALLER'S INFORMATION:

Name Cell Phone

Lot: Plat: System Designer:

TRENCH PERMIT INFORMATION: Pursuant to M.G.L. c. 82A and 520 CMR 7.00 et. Seq. (as amended)

BY SIGNING THIS FORM, THE APPLICANT AND EXCAVATOR ALL ACKNOWLEDGE AND CERTIFY THAT THEY ARE FAMILIAR WITH, OR, BEFORE COMMENCEMENT OF THE WORK, WILL BECOME FAMILIAR WITH, ALL LAWS AND REGULATIONS APPLICABLE TO WORK PROPOSED, INCLUDING OSHA REGULATIONS, G.L. c. 82A, 520 CMR 7.00 et seq., AND ANY APPLICABLE MUNICIPAL ORDINANCES, BY-LAWS AND REGULATIONS AND THEY COVENANT AND AGREE THAT ALL WORK DONE UNDER THE PERMIT ISSUED FOR SUCH WORK WILL COMPLY THEREWITH IN ALL RESPECTS AND WITH THE CONDITIONS SET FORTH BELOW.

THE UNDERSIGNED APPLICANT AND EXCAVATOR AGREE JOINTLY AND SEVERALLY TO REIMBURSE THE MUNICIPALITY FOR ANY AND ALL COSTS AND EXPENSES INCURRED BY THE MUNICIPALITY IN CONNECTION WITH THIS PERMIT AND THE WORK CONDUCTED THEREUNDER, INCLUDING BUT NOT LIMITED TO ENFORCING THE REQUIREMENTS OF STATE LAW AND CONDITIONS OF THIS PERMIT, INSPECTIONS MADE TO ASSURE COMPLIANCE THEREWITH, AND MEASURES TAKEN BY THE MUNICIPALITY TO PROTECT THE PUBLIC WHERE THE APPLICANT OWNER OR EXCAVATOR HAS FAILED TO COMPLY THEREWITH INCLUDING POLICE DETAILS AND OTHER REMEDIAL MEASURES DEEMED NECESSARY BY THE MUNICIPALITY.

THE UNDERSIGNED APPLICANT AND EXCAVATOR AGREE JOINTLY AND SEVERALLY TO DEFEND, INDEMNIFY, AND HOLD HARMLESS THE MUNICIPALITY AND ALL OF ITS AGENTS AND EMPLOYEES FROM ANY AND ALL LIABILITY, CAUSES OR ACTION, COSTS, AND EXPENSES RESULTING FROM OR ARISING OUT OF ANY INJURY, DEATH, LOSS, OR DAMAGE TO ANY PERSON OR PROPERTY DURING THE WORK CONDUCTED UNDER THIS PERMIT.

Installer's Signature

Insurance on file

HE License on file

THIS SECTION TO BE SIGNED AT THE OFFICE PRIOR TO THE COC BEING ISSUED.

TO CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND INSPECTION AFTER CONSULTATION WITH THE PROPERTY OWNER, THAT ALL ON-SITE SANITARY WASTE SYSTEM PIPES, DRAINS, TANKS, VOIDS, CESSPOOLS, OR OTHER EQUIPMENT AND/OR FEATURES HA VE BEEN IDENTIFIED AND LOCATED. ABANDONED OR DISCARDED PIPES EXITING THE BUILDING HA VE BEEN CAPPED OR PLUGGED, TO RENDER THEM USELESS. TANKS AND/OR OTHER APPURTENANCES HA VE BEEN PUMPED AND CRUSHED. ALL TANKS, APPURTENANCES OR VOIDS HA VE BEEN FILLED WITH SAND.

Installer's Signature ensures installation and/or removal has been done in accordance with the Septic System Design

Public Health Representative

Date