



**TOWN OF Wendell  
HEALTH DEPARTMENT**

9 Morse Village Rd  
Wendell, MA 01379  
Phone: (978) 544-3395

Fee: \$100.00  
**Septic System Installer Application**

Name of Business: \_\_\_\_\_

Address of Business: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Business Email Address: \_\_\_\_\_

Contact phone number: \_\_\_\_\_

Names of crew members working under this permit:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Affiliations:

\_\_\_\_\_  
\_\_\_\_\_

*I have read sections 15.019 and 15.020 (3) of the Massachusetts State Environmental Code and understand my responsibilities pertaining to septic system installation.*

Applicant's Signature:

\_\_\_\_\_

Applicant's Name (print):

\_\_\_\_\_

Date of Application:

\_\_\_\_\_

**For Health Department Use**

Application Approved: YES or NO Date: \_\_\_\_\_

Approving Authority Signature: \_\_\_\_\_

Permit Number: \_\_\_\_\_