



OFFICE OF
THE BOARD OF
Water & Sewer Commissioners
3249 COUNTY STREET, SOMERSET, MASSACHUSETTS 02726
OFFICE (508) 679-2731 FAX (508) 677-9691

APPLICATION FOR A DRAINLAYER'S LICENSE

This application must be typed or printed in ink in handwriting of the applicant.

DATE: _____

I/We, _____, do hereby make application for a license to engage in the business of drainlaying in the Town of Somerset.

1. Business Name: _____
Business Address: _____
City, State, Zip: _____
Business Telephone: _____

2. Business Owner's name and occupation: _____

3. Is drainlaying your principal occupation? YES NO

4. How many years experience have you had in the drainlaying business? _____

5. In what capacity? _____

6. Where did you learn the drainlaying business? _____

7. Give names and addresses of past employers in which you were engaged in drainlaying.



OFFICE OF
THE BOARD OF
Water & Sewer Commissioners
3249 COUNTY STREET, SOMERSET, MASSACHUSETTS 02726
OFFICE (508) 679-2731 PLANT (508) 674-4215

8. List at least three drainlaying projects done by you in the last year. (Names, Addresses, Telephone)

9. How many people do you employ? _____

Please list person performing drainlaying work in the event of your absence from a job:

Name: _____

Address: _____

Telephone: _____

10. Please list the equipment (backhoe, excavators, etc.), operators, and CDL drivers employed by you.

Equipment: _____

***Operators:**

Name: _____

MA License No: _____

Expiration Date: _____

Name: _____

MA License No: _____

Expiration Date: _____



OFFICE OF
THE BOARD OF
Water & Sewer Commissioners
3249 COUNTY STREET, SOMERSET, MASSACHUSETTS 02726
OFFICE (508) 679-2731 PLANT (508) 674-4215

***CDL Drivers / Hoisting:**

Name: _____

MA License No: _____

Expiration Date: _____

Name: _____

MA License No: _____

Expiration Date: _____

***PLEASE PROVIDE A PHOTOCOPY OF EACH VALID OPERATOR AND CDL LICENSES AS LISTED ABOVE.**

***A COPY OF CERTIFICATE OF LIABILITY INSURANCE MUST BE INCLUDED WITH THIS APPLICATION.**

I am familiar with and will abide by the Rules and Regulations for the Installation and Connection of Building Sewers and for the Use of Public Sewers of the Town of Somerset as set forth by the Town of Somerset Board of Sewer Commissioners. In addition, I am fully aware that the knowledge and willful falsification of any of the above answers will be reason for rejection, revocation or suspension of your Drainlayer's License. I further understand that this license is not transferable and the penalty for transferring will be immediate revocation of this license. I will notify your office of any changes or additions to my application status as submitted on this date.

SIGNATURE OF APPLICANT

DATE

RECOMMENDED APPROVAL:

HAROLD GRACIA, PLANT MANAGER/CHIEF OPERATOR
SOMERSET WATER POLLUTION CONTROL

DATE

APPROVAL BY THE VOTE OF THE BOARD OF WATER & SEWER COMMISSIONERS

CLERK

DATE

OFFICE OF
THE BOARD OF
Water & Sewer Commissioners
3249 COUNTY STREET, SOMERSET, MA 02726
SOMERSET, MASSACHUSETTS 02726
OFFICE (508) 679-2731

NOTICE

Article IV Section 3 of the Rules & Regulations for the installation and connection of building sewers in the Town of Somerset, reads as follows:

(No person shall discharge or cause to be discharged any stormwater, surface water, groundwater roof runoff, subsurface drainage uncontaminated cooling water or unpolluted industrial process water to any sanitary sewer.)

****** THIS MEANS NO SUMP PUMPS! ******