



TOWN OF SPENCER
Office of the
Board of Health

Memorial Town Hall
157 Main Street
Spencer, MA 01562
Tel. 508-885-7500
Ext. 126
Fax 508-885-7519

SITE EVALUATION PERMIT APPLICATION FOR SUB-SURFACE DISPOSAL SYSTEM TESTING

PROPERTY INFORMATION

Owner Name: _____ Owner address: _____ City: _____ State: _____ Zip: _____
Owner Tel. No.: _____ Site Address (if different): _____ Map/Parcel No. _____
Property Owner Signature: _____ Date: _____

CONTRACTOR INFORMATION

Name: _____ Telephone Number _____
Address: _____ City: _____ State: _____ Zip: _____
Competent Person Name: _____ Operator Name: _____
MA Hoisting License Number: _____ Grade: _____ Expiration Date: _____
*Insurance Carrier: _____ Insurance Expiration Date: _____

1. "Persons engaging in any trench operation shall familiarize themselves with the federal safety standards promulgated by the Occupational Safety & Health Administration on excavations: 29 CFR 1926.650 et. Seq., entitled Subpart P, Excavations".
2. "By applying for, accepting and signing this permit application, the applicant attests to the following: (i) that he/she has read and understood the regulations promulgated by the Department of Public Safety with regard to trench safety; (ii) that he has read and understood the federal safety standards promulgated the by the Occupational Safety and Health Administration on excavations: 29 CFR 1926 et seq., entitled Subpart P "Excavations".

Contractor Signature: _____ Date: _____

SOIL EVALUATOR INFORMATION

Engineer/Soil Evaluator Name: _____ Soil Evaluator Number : _____
Date of Evaluation: _____ Time: _____ Excavation Completion Date / Time: _____

A site map must be provided with specific location of trenches. Return this application with your check or money order (made payable to Town of Spencer) and *certificate of insurance to the Office of Development & Inspectional Services.

PERMIT MUST BE POSTED ON SITE AT ALL TIMES

For official Use Only

Fee Paid: \$ _____ Check #: _____ Date Paid: _____ Dig Safe Number: _____