

**TOWN of GRAFTON
WASTEWATER TREATMENT FACILITY**

9 DEPOT STREET, SOUTH GRAFTON, MA 01560

PHONE: 508.939.8526 FAX: 508.839.8523

E-MAIL: wpcf@grafton-ma.gov

APPLICATION for DRAIN LAYER'S LICENSE

Name of Applicant _____ Date _____

Address _____
Street Town State Zip

Telephone #: _____

Equipment Yard Location _____

Person in Responsible Charge _____ Title _____

Drain Layer's License in _____ Expiration Date _____

_____ Expiration Date _____

_____ Expiration Date _____

EQUIPMENT (Attach separate sheet if needed)

Backhoe-Loader:

Make	Max. depth	Description	Front size (c.y.)	Hoe Size (c.y.)
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Truck:

Make	Description	Size (c.y.)
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Pump:

Make	Description	Capacity
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Compressor:

Make	Description	Capacity
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Other:

Minimum Bond and Insurance Requirements:

The licensee shall file with the Sewer Department a Certificate of Insurance in the sums of \$ 100,000/\$ 300,000 to cover Public Liability; a Certificate of Insurance in the sum of \$ 50,000 covering Property damage including XCU coverage for explosion, underground, or collapse damage; and a performance bond in the sum of \$ 5,000. In addition, a Certificate of Insurance covering Workmen's Compensation shall be filed, all of which shall remain in full force and effect for a period of at least one year from the date of approval.

Non-compliance with Sewer Commission's Rules and Regulations will be cause for revocation of your Drain Layer's License.

I hereby apply for a Drain Layer's License in the Town of Grafton and agree to perform all my work in accordance with the Rules and Regulations established by the Board of Sewer Commissioners, Grafton, Massachusetts, and in accordance with any contracts I may make for sewer building connections with property owners.

(Signature of Applicant) (Title)

Do Not Write Below This Line
(Office Use Only)

Application Accepted By _____ Date _____

Drain Layer's License to be effective from _____ to _____

Application Denied By _____ Date _____

Reason(s) for Denial: