

TYNGSBOROUGH WATER DISTRICT

P.O. Box 305
Tyngsborough, MA 01879

978-649-4577

APPLICATION FOR WATER INSTALLERS LICENSE

Application Number: _____

Date: _____

New: _____ Renewal: _____

License Fee: \$100.00

To the Board of Water Commissioners:

In accordance with the provisions of the Tyngsborough Water District Use Regulations, the undersigned respectfully applies for a license as an INSTALLER to install building water connections to the public water in the Town of Tyngsborough. I am familiar with and will comply with the applicable provisions of the Town of Tyngsborough Bylaws and the Water Use Regulations governing this license. I will supervise and be responsible for all work performed under this license.

Signature of Applicant: _____

Name of Applicant: _____

Address of Applicant: _____

Name of Company: _____

Address of Company: _____

Telephone Number of Applicant: _____

PART A. - FOR DISTRICT CLERK'S USE ONLY

The applicant has filed with this office 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, collapse, or underground damage, and a Certificate of Insurance covering Workmen's Compensation.

Date: _____

By: _____

District Clerk

PART B. - FOR WATER COMMISSION USE ONLY

The applicant has paid the INSTALLER'S License Fee indicated above.

Date: _____

By: _____

Superintendent

PART C. - FOR BOARD OF WATER COMMISSIONERS USE ONLY

Action Taken: Approved _____ Disapproved _____

Date: _____

License Number: _____

Board of Water Commissioners: _____





Tyngsborough Water District
87 Progress Avenue, Unit #2
PO Box 305
Tyngsborough, MA 01879
Tel: 978-649-4577 Fax: 978-649-4453

In order to complete the application for your Water Installers License:

- (1) For your INSURANCE and BOND, the certificate holder must be in the name:
Tyngsborough Water District
87 Progress Avenue, Unit #2
Tyngsborough, MA 01879

- (2) Also, please provide a photocopy of all operators current "Hoisting License".

Thank you

PERFORMANCE BOND

KNOW ALL MEN BY THESE PRESENT, that _____
as principal, and _____

_____ as surety, are held firmly bound unto _____
_____ in the sum of Five Thousand Dollars (\$5,000.00)

_____ lawful money of the United States of America, to be paid to the _____
_____ for which payments, well and truly to
be made, we bind ourselves, our respective heirs, executors, administrators, successors and
assigns, jointly and severally, firmly by these present.

WHEREAS, the said principal has made contract with _____
_____ acting through its _____
bearing date of _____
for _____

Now the condition of this obligation is such that the principal shall well and truly keep and perform all the undertakings, covenants, agreements, terms and conditions of said contract on its part to be kept and performed during the original term of said contract and any extensions thereof that may be granted by the Owner, with or without notice to the surety and during the life of any guaranty required under the contract and shall also well and truly keep and perform all the undertakings, covenants, agreements, terms and conditions of any and all duly authorized modifications, alterations, changes or additions to said contract that may hereafter be made, notice to the surety of such modifications, alterations, changes or additions being hereby waived, then this obligation shall become null and void, otherwise it shall remain in full force and virtue.

In the event that the contract is abandoned by the Contractor, said surety hereby further agrees that said surety shall, if requested in writing by the Owner, complete said contract.

IN WITNESS WHEREOF we hereunto set our hands and seals this _____ day of _____

SEAL

SEAL (Principal)

SEAL

SURETY

TYNGSBOROUGH WATER DISTRICT
HOUSE SERVICE INSTALLERS
QUALIFICATION APPLICATION

Give full name and residence of all persons and parties interested in the application:

NOTICE: Give first and last names in full, in case of corporations give names of President, Treasurer and Manager and in case of firms, give names of the individual members.

<u>NAME</u>	<u>ADDRESS</u>
_____	_____
_____	_____
_____	_____
_____	_____

Kindly furnish the following information regarding the Bidder:

(1) If a Proprietorship

Name of Owner _____

Business Address _____ Tel. _____

Home Address _____ Tel. _____

(2) If a Partnership

Full name and address of all partners

<u>NAME</u>	<u>ADDRESS</u>
_____	_____
_____	_____
_____	_____
_____	_____

Business Address _____
Telephone _____

(3) If a Corporation:

Full legal name _____

State of Incorporation _____

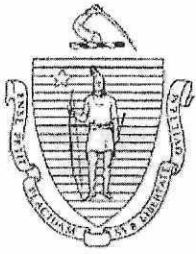
Principal Place of Business _____

Qualified in Massachusetts _____

Applicants Experience Record:

The applicant is required to state below work he has done of a character similar to that of the work included in the proposed contract and to give references that will enable the Owner to judge his experience and skill.

*Three (3) Water Work references are required.



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 Lafayette City Center
 2 Avenue de Lafayette, Boston, MA 02111-1750
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers
Applicant Information **Please Print Legibly**

Name (Business/Organization/Individual): _____

Address: _____

City/State/Zip: _____

Phone #: _____

Are you an employer? Check the appropriate box:

- | | |
|---|---|
| <p>1. <input type="checkbox"/> I am a employer with _____ employees (full and/or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]</p> <p>3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] †</p> | <p>4. <input type="checkbox"/> I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance. ‡</p> <p>5. <input type="checkbox"/> We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]</p> |
|---|---|

Type of project (required):

6. New construction
7. Remodeling
8. Demolition
9. Building addition
10. Electrical repairs or additions
11. Plumbing repairs or additions
12. Roof repairs
13. Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

† Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.

‡ Contractors that check this box must attached an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.

Insurance Company Name: _____

Policy # or Self-ins. Lic. #: _____ Expiration Date: _____

Job Site Address: _____ City/State/Zip: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date). Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (check one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector 6. Other _____

Contact Person: _____ Phone #: _____

Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an *employee* is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An *employer* is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that **"every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required."**

Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply sub-contractor(s) name(s), address(es) and phone number(s) along with their certificate(s) of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

City or Town Officials

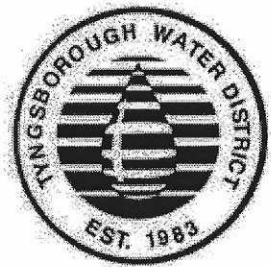
Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary) and under "Job Site Address" the applicant should write "all locations in _____ (city or town)." A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
Lafayette City Center, 2 Avenue de Lafayette
Boston, MA 02111-1750

Tel. (617) 727-4900 or 1-877-MASSAFE
Fax (617) 727-7749
www.mass.gov/dia



**Tyngsborough Water District
P O Box 305
87 Progress Avenue, Unit # 2
Tyngsborough, MA 01879
978-649-4577, Fax: 978-649-4453**

8-14-1997

The Tyngsborough Water District has adopted a cross connection prevention program, in conformance with the National Safe Water Drinking Act, as such the District is responsible for the quality of the water from the supply to the last free flowing outlet. The backflow of non-potable water, other fluids, gases or foreign materials into the District's water distribution system or plumbing systems of properties served by the District is prohibited. All public and private water mains, services, plumbing systems, and fire protection/suppression systems supplied with water from the District shall be protected against cross connection and backflow from any actual or potential source, capable of affecting the quality of the water supply.

An approved containment device must be installed on all water services immediately down stream of the water meter. The District shall determine the type of backflow prevention device to be utilized for containment, and if necessary, at other locations within the plumbing system. A thermal expansion tank must be installed on all services to prevent thermal expansion damage or leaks.

Before any service is turned on, all the necessary applications, permits, cross connection protection devices, and as built plans shall be submitted, granted or installed as determined or required by the District.

All commercial properties served by the District must be surveyed for actual or potential cross connections.

The water service to any property may be shut off if a hazard exists that can affect the quality of the water supply.

Notice to all Licensed Water Main Installers in the Tynsborough Water District

Tynsborough Water District distance required between water main or service and other utilities

Storm drain	Sewer Line	Force main	Gas line	Electric Primary / Secondary	CATV / Telephone
Horizontal	Horizontal	Horizontal	Horizontal	Horizontal	Horizontal
Vertical	Vertical	Vertical	Vertical	Vertical	Vertical
5'	10'	10'	5'	5'	5'
1.5	1.5	1.5	1.5	1.5	1.5

Sleeves may be used with approval by TWD Superintendent or Inspector

Water meters and backflow preventers must be accessible for repair and maintenance
 Minimum of 1' off floor, 4' from electrical panel

Curb and valve boxes must be accessible at all times
 All curb stops must have a 1' extension rod installed

All Hydrants must be installed to proper bury line, extensions must be installed if lower

Effective 8/15/2006