



TOWN OF ANDOVER

Town Offices
36 Bartlet Street
Andover, MA 01810
(978) 623-8200
www.andoverma.gov

**ANDOVER BOARD OF HEALTH
SEWER REGULATIONS
FACT SHEET
DRAIN LAYER'S LICENSE (Draft 1/27/09)**

All persons obtaining a new Drain Layer's License must complete the following:

- a. Provide proof that the applicant has performed similar work for at least one year (for example, provide a letter from a previous employer stating that you worked on sewer installations for at least one year under his/her supervision, or provide proof that you have been a licensed drain layer elsewhere for at least a year).
- b. Provide three (3) letters of trade references (for example, former employers, engineers who have supervised your work, communities in which you hold existing licenses).
- c. Successfully complete the Andover Board of Health's Drain Layer's Examination. This exam can be scheduled at any time by calling the Health Division at 978-623-8295.
- d. Complete an application provided by the Health Division.
- e. Provide a Certificate of Insurance showing that the applicant has the following:
 - i. statutory amount of Workers Compensation Insurance
 - ii. at least \$1,000,000.00 in General Liability Insurance per occurrence
 - iii. at least \$2,000,000.00 in General Liability Insurance aggregate

NOTE: IF YOU RENEW AN EXISTING DRAIN LAYERS LICENSE AFTER MARCH 1, 2009, YOU WILL NOT RECEIVE APPROVAL AS A DRAIN LAYER UNTIL YOU PROVIDE A CERTIFICATE OF INSURANCE SHOWING THE ABOVE COVERAGE.

The revised regulations now provide clearer language on Renewal, Suspension, and Revocation of the Drain layers License in Section 2.09; please review it and understand that poor or inadequate work will allow the town to exercise this section.

DISCLAIMER: This Fact Sheet is for general informational purposes and guidance only. If any statements conflict with the actual regulations, the regulations shall prevail. It is the applicant or user's responsibility to consult the regulations for full text and applicability.



TOWN OF ANDOVER MASSACHUSETTS

Board of Health

(978-623-8295)
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For Office Use Only

Date: _____

Authorization: _____

Permit Number: _____

Fee: **\$75.00**

APPLICATION FOR LICENSE

Date: _____ Type of License Requested: **DRAIN LAYER**

Name of Applicant: _____

Address: _____

Phone: _____ Business Phone: _____

Cell Phone: _____ E-mail address: _____

Company Name (If Applicable): _____

Company Address: _____

For All Applications, Please Submit:	√
Check or cash for required Fee:	
Completed Application:	
Certificate of Insurance with: (1) statutory amount of Workers Compensation Ins. (2) at least \$1,000,000.00 in General Liability Ins. per occurrence (3) at least \$2,000,000.00 in General Liability Insurance aggregate.	

For New Licensees, at Time of Drain Layer's Test, Please Submit:	√
Proof of similar work for at least 1 year with your name on the document (Letter from Employer, Licensed for at least a year elsewhere):	
Three (3) Letters of Trade References with your name on the letters (Former employers, engineers who supervised work, communities where you hold licenses, etc.):	

Signature of Applicant: _____