



# TOWN OF ANDOVER

Town Offices  
36 Bartlet Street  
Andover, MA 01810  
(978) 623-8640  
www.andoverma.gov

## ANDOVER BOARD OF HEALTH SEWER REGULATIONS FACT SHEET DRAIN LAYER'S LICENSE

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

**a. Pay the required fee**

b. 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).

c. Provide three (3) trade references with your name on them because we license the person, not the company. (For example: former employers, engineers who have supervised your work, communities in which you hold existing licenses.)

d. 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 978-623-8640.

e. Complete an application provided by the Health Division.

- f. 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, 2017, 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

(978-623-8640)  
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Andover, MA 01810

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Andover, MA 01810  
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For Office Use Only

Date: \_\_\_\_\_

Authorization: \_\_\_\_\_

Permit Number: \_\_\_\_\_

Fee: **\$90.00**

**(New Drain Layers only- add additional Test fee of \$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: \_\_\_\_\_

<b>For All Applications, Please Submit:</b>	√
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.	

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

Signature of Applicant: \_\_\_\_\_