



CITY OF SOMERVILLE
Commonwealth of Massachusetts
93 Highland Avenue
Somerville, MA 02143
(617) 625-6600

2016 MAR -3 A 11:47

Application to Renew Drain Layer License

CITY CLERK'S OFFICE
SOMERVILLE, MA

HYDRA TECH INC.
PO BOX 256
STERLING MA 01564

License #: BL15-001107
File #: 15-873
Fee: 275

Review and update the information below. If you have workers compensation insurance, attach proof showing the insurer and policy number. Then sign the Acknowledgment and return this form with your fee to the City Clerk's Office.

| INFORMATION ON FILE: | CHANGES: (Note below or explain on a separate sheet) |
|---|--|
| Business/DBA Name: HYDRA TECH INC. Business Location: 0 OUT OF AREA Business Phone: 978-422-9001 | |
| License Holder: HYDRA TECH INC. PO BOX 256 STERLING MA 01564 | |
| Mailing Address: HYDRA TECH INC. PO BOX 256 STERLING MA 01564 | |
| Business Type: Corporation DONALD SMITH JR. ERIN SMITH DONALD SMITH JR. | |
| FID: 205161177 | |
| Emergency Contact: DONALD SMITH JR. Phone: 508-326-0465 | |

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

As you are aware, a drainlayer's license entitles an individual to make application for a permit to lay pipe and install appurtenances, with the proper approvals, in City Right-of-Ways, for the purpose of conveying sanitary waste water, surface and subsurface runoff, potable water, and to undertake other permitted and approved work within the limits of public ways and easements or which might have impact on systems that affect the public health & safety and the integrity of the City's Infrastructure.

The City of Somerville, through the DPW Engineering Department, is hereby issuing to each licensed drainlayer a new Permit Manual that explains and defines the City's standards for work in and around the City's Infrastructure. A digital copy of this manual can be found, and printed for your records, at <http://www.somervillema.gov/departments/dpw/engineering>. Each licensed Drainlayer shall be required to adhere to the rules and regulations set forth in this manual or risk losing his license as a Drainlayer in the City. **In addition, all utility work performed will require "as built" drawings (with ties) of the work, must be submitted to the Engineering Department within a week of its completion. No further permits will be issued until all "as-built" plans have been received and accepted by the Engineering Office.**

By accepting these conditions, you acknowledge receipt of this manual and agree to adhere to the rules and



Western Surety Company

CONTINUATION CERTIFICATE

Western Surety Company hereby continues in force Bond No. 62042896 briefly described as DRAIN LAYER CITY OF SOMERVILLE for HYDRA TECH INC, as Principal, in the sum of \$ TEN THOUSAND AND NO/100 Dollars, for the term beginning May 22, 2015, and ending May 22, 2016, subject to all the covenants and conditions of the original bond referred to above.

This continuation is issued upon the express condition that the liability of Western Surety Company under said Bond and this and all continuations thereof shall not be cumulative and shall in no event exceed the total sum above written.

Dated this 15 day of April, 2015.

WESTERN SURETY COMPANY

By

Paul T. Brugnat, Vice President

THIS "Continuation Certificate" MUST BE FILED WITH THE ABOVE BOND.

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Business

Applicant information:

Name: Hydra Tech Inc
Address: PO Box 256 170 Pratts Junction Rd
City: Sterling State: MA Zip: 01564 Phone #: 978-422-9001

- ☒ I am an employer with 9 employees (full and/or part time).
☐ I am a sole proprietor or partnership and have no employees.
☐ We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.
☐ We are a nonprofit organization staffed by volunteers and have no employees.

Business Type:

- ☐ Retail
☐ Restaurant/Bar/Eating Establishment
☐ Office and/or Sales (real estate, auto, etc.)
☐ Nonprofit
☐ Entertainment
☐ Manufacturing
☐ Health Care
☒ Other Fire hydrant + water main service

Workers' compensation insurance information (if applicable):

Insurance Company Name: ATM Mutual Insurance
Agent Anastasi Insurance Address: PO Box 1241
City: Charlton City State: MA Zip: 01508 Phone #: 508-248-1440
Policy #: VWC 1006020551 Expiration Date: 12/15/16

Applicant certification:

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

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

Signature: Donald Smith Jr Date: 2/28/16

Print Name: Donald Smith, Jr

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

City or Town: _____ Permit/License #: _____

Contact Person: _____ Phone #: _____

- ☐ Board of Health
☐ Building Department
☐ City/Town Clerk
☐ Licensing Board
☐ Selectmen's Office
☐ Other _____