



CITY OF SOMERVILLE

Commonwealth of Massachusetts

93 Highland Avenue

Somerville, MA 02143

(617) 625-6600

Application to Renew Drain Layer License

2015 MAR 23 A 11:43

HYDRA TECH INC.
PO BOX 256
STERLING MA 01564

CITY CLERK'S OFFICE
License #: **BL15-001107**
File #: 15-873
Fee: 250

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 regulations set forth in this manual.

I hereby certify under the penalties of perjury that the following is true:

-All information shown above is true and accurate.

-Any changes above are subject to the approval of the BOARD OF ALDERMEN.

-I have filed all State tax returns and paid all State taxes required by law for this business.

Signature:

Donald Smith Jr

Date:

3/18/15

Printed Name:

Don Smith, Jr

Phone:

508 326 0465

CITY OF SOMERVILLE

SOMERVILLE • MASSACHUSETTS 02145

DPW - ENGINEERING DEPARTMENT

1 FRANEY ROAD ~ 1ST FLOOR

PHONE: 617-625-6600 • FAX: 617-625-4454

2015 MAR 23 A 11:43

CITY CLERK'S OFFICE
SOMERVILLE, MA

January 2015

Dear Licensed Drainlayers,

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.

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By signing below, you acknowledge receipt of this manual and agree to adhere to the rules and regulations set forth in this manual. Permits will not be issued until this letter has been signed and returned to the DPW – Engineering Department.

The Engineering Department welcomes the opportunity to work with you and your company in 2015. Please feel free to contact this office if there are any questions.

Signed,

Somerville DPW – Engineering Department

I hereby certify that I am familiar with the rules and regulations set forth in the City of Somerville Permit Manual and I further attest that I will work in conformance with said rules and regulations.

Name:

Signature:

Company:

Date:

Title:

Don Smith, Jr.
Donald Smith
Hydra Tech, Inc.
3/18/15
President

Drain-Layer's Bond

Bond # 62042896

Effective Date: May 22nd, 2014

Know all Men by these Presents, Hydra Tech Inc

That we, (name, address and phone) 170 Pratts Junction Road, Sterling, MA 01564 (978) 422-9001

in the Commonwealth of Massachusetts, as Principal, and (name) _____

WESTERN SURETY COMPANY

as Surety, are held and firmly bound unto the City of Somerville, a municipal corporation within said Commonwealth, in the sum of Ten Thousand Dollars, to be paid to the said City, its successors or assigns, for which payment to be well and truly made, we bind ourselves and each of us, our heirs, executors, administrators, successors, and assigns, jointly and severally, firmly by these presents.

Whereas the said Principal has this day been granted a license as a drain-layer by the Board of Aldermen of said City, according to the provisions of a certain ordinance of said City relating to sewers, and whereas a bond is required to be given by him as such drain-layer, according to the following provisions of said ordinance, to wit: Every person licensed as provided in the preceding section shall, before performing any work authorized thereby, execute an agreement or bond, in the sum of Ten Thousand Dollars, with one or more sureties, satisfactory to the Board of Aldermen, that he will properly make the openings into all common sewers opened by him; that he will construct or repair the drains to be connected by him with the common sewers or with other drains in a thorough and workmanlike manner; that he will leave no material or obstruction of any description in the sewer which he may open, or in any drain leading into any sewer; that he will properly close up the excavation, and restore the earth and pavement taken up, and regrade and repave the street, and put it in good and proper condition, and remove all superfluous material, all to the satisfaction of the street commissioner; and if he fail so to do, or if at any time within one year from the date of the completion of any drain the surface of the street shall settle or otherwise become unsafe for public travel, then the street commissioner shall repave and regrade the street at the expense of the said drain-layer, and within five days thereafter deliver a bill of the same to the city auditor for collection, and said drain-layer shall immediately pay the same, and he shall not be entitled to receive another permit until the said bill and all other bills of expense incurred by the City on account of his negligence or default shall be paid in full; also, that he will cause a sufficient fence to be placed so as to enclose the excavation and the earth, stone and other material which may be put into the street, and that he will maintain such fence during the whole time such excavation, earth or other material may obstruct the street, and will cause a sufficient number of lighted lanterns to be maintained in suitable places over such excavation, earth, material, and fence, from the beginning of twilight every evening and through every night during the time such obstruction in the street may exist; and, further that he will comply with the ordinances which may be at any time in force in relation to sewers, drains and streets, and with such orders and regulations as the Board of Aldermen have adopted, or may from time to time adopt, for the government of persons licensed to construct or repair private drains, or open or dig in the street for that purpose; and that he will indemnify and save harmless the City from all damages, costs and expenses which it may incur or sustain, by reason of any and all injuries resulting to anyone in person or property, from the neglect or carelessness of himself or his servants in opening, closing, making or repairing any sewer or drain, in performing work connected therewith, or in properly fencing, or in lighting by night, any excavation or obstruction caused or made by him or his servants, or which the City may incur or sustain in any other manner by reason of the excavation or construction of any sewer or drain by him or his servants or agents, or any work or acts performed or done by him or them connected therewith.

Now, therefore, the condition of this obligation is such that if the said Principal shall well and truly perform each and all of the provisions and terms of said ordinance above set forth and on his part to be performed, then this obligation shall be void; otherwise it shall remain in full force and virtue.

In witness whereof we hereunto set our hands and seals this 22nd day of May, 2014, in the presence of:

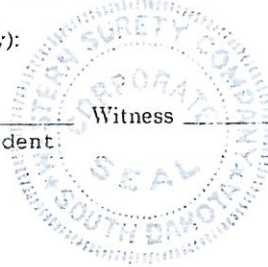
For the Principal (Affix Seal and Attach Certificate of Corporate Authority):

Signature _____ Witness _____

For the Surety (Affix Seal and Attach Power of Attorney):
WESTERN SURETY COMPANY

Signature Paul T. Bruflat Witness J. Nelson

Paul T. Bruflat, Senior Vice President



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

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Name: Hydra Tech, Inc.
Address: PO Box 2510
City: Sterling State: MA Zip: 01561 Phone #: 978 422 9001

- ☒ I am an employer with 8 employees Business Type: ☐ Retail
☐ I am a sole proprietor or partnership and have no employees. ☐ Restaurant/Bar/Eating Establishment
☐ We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. ☐ Office and/or Sales (real estate, auto, etc.)
☐ We are a nonprofit organization staffed by volunteers and have no employees. ☐ Nonprofit
☐ Entertainment
☐ Manufacturing
☐ Health Care
☒ Other Contractor - Fire hydrants + water mains.

Workers' compensation insurance information (if applicable):

Insurance Company Name: Liberty Mutual
Agent Anastasi Insurance Address: PO Box 1261
City: Charlton City State: MA Zip: 01508 Phone #: 508 248 1440
Policy #: WC 231 S388107013 Expiration Date: 12/15/15

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: 3/18/15
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 _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/16/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Anastasi Insurance Agency, Inc. 4 Brookfield Rd P.O. Box 1261 Charlton City MA 01508		CONTACT NAME: Kristi Gravel PHONE (A/C No. Ext): (508) 248-1440 FAX (A/C No.): (508) 248-1447 E-MAIL ADDRESS: kgravel@anastasiinsurance.com	
INSURED HYDRA TECH, INC AND LINDON, LLC PO BOX 256 STERLING MA 01564-0256		INSURER(S) AFFORDING COVERAGE INSURER A: Employers Mutual Casualty INSURER B: Liberty Mutual Insurance Co INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 21415	

COVERAGES**CERTIFICATE NUMBER: 15-16****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			4D91533	4/1/2015	4/1/2016	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 10,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 2,000,000
A	AUTOMOBILE LIABILITY			4Z91533	4/1/2015	4/1/2016	COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$ 20,000
	<input type="checkbox"/> ALL OWNED AUTOS	<input checked="" type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$ 40,000
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$ 5,000
A	UMBRELLA LIAB			4J91533	4/1/2015	4/1/2016	Uninsured motorist BI split limit \$ 20,000
	EXCESS LIAB						EACH OCCURRENCE \$ 5,000,000
	<input checked="" type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 5,000						AGGREGATE \$ 5,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC231S388107014	12/15/2014	12/15/2015	WC STATUTORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	N/A				E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
City of Somerville are Named Additional Insured

CERTIFICATE HOLDER**CANCELLATION**

(617) 625-4454

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

City of Somerville
DPW Engineering Dept.
1 Franey Rd - 1st floor
Somerville, MA 02145

AUTHORIZED REPRESENTATIVE

Paul Anastasi/HARE