

SHERBORN BOARD OF HEALTH
19 Washington Street
Sherborn, MA 01770
Phone: 508-651-7852 FAX: 508-651-7868

Permit No. _____

Date _____

Fee Paid _____

TOWN OF SHERBORN - BOARD OF HEALTH
APPLICATION FOR SEPTAGE HANDLER'S PERMIT

I hereby petition the SHERBORN Board of Health to issue a Septage Handler's Permit for the undersigned to engage in the practice of pumping and/or transportation of the contents of septic tanks, cesspools, privies, or other offensive substances in the Town of SHERBORN for the calendar year _____.

I agree to dispose of such substances, as required by the State Environmental Code (310 CMR 15.19(3)), in an approved location.

I agree not to use any solvents, acids, alkalies, hydrogen peroxide, other chemicals, or biological agents, the use of which are all prohibited by the SHERBORN Board of Health, to clean or renovate any subsurface sewage disposal system.

Print Full Name of person, firm, or corporation making application

Address

Telephone # and name of authorized person who can be contacted during *normal business hours*

Telephone # and name of person who can be contacted *at other times* (i.e. pager #, mobile phone #, home #, etc.)

Signature of Applicant or Authorized Agent

Date

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DESCRIPTION OF VEHICLES
Year & Make Reg. No.

CAPACITY (GALLONS)

FOR OFFICE USE ONLY:

APPLICATION APPROVED BY: _____ DATE: _____

****THIS PERMIT EXPIRES ON DECEMBER 31 OF THE CALENDAR YEAR GRANTED****