

**Board of Health**

TOWN HALL • 19 WASHINGTON ST. • SHERBORN, MASSACHUSETTS 01770  
508-651-7852

**APPLICATION FOR SEPTAGE HAULER PERMIT**

Check here if you are submitting for re-application of a Septage Hauler Permit

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Full Name of Applicant

Address

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Normal Business Hours Contact Number

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Out of Hours Contact Number

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Primary Contact Email

**DESCRIPTION OF VEHICLES**

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Year, Make and Model

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Registration Number

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Capacity (Gallons)

**Part B.**

I hereby petition to the Sherborn Board of Health to issue a Septage Handler's Permit for the undersigned to engage in the practice of pumping and or transporting the contents of septic tanks, cesspools, privies, or other offensive substances in the Town of Sherborn for the calendar year 20\_\_\_\_

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, alkalis, 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.

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Signature of Applicant

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Date

**Fee: \$100.00 per Truck**

**Fee Owed: \_\_\_\_\_**

*For Office Use Only*

**Fee Received: \_\_\_\_\_**

**Application Approved By: \_\_\_\_\_**

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

**\*This Permit Expires on December 31 of 20\_\_\_\_\***