



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

Full Name of Applicant

Address

Normal Business Hours Contact Number

Out of Hours Contact Number

Primary Contact Email

DESCRIPTION OF VEHICLES

Year, Make and Model

Registration Number

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.

Signature of Applicant

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__