



WEST BOYLSTON BOARD OF HEALTH  
 140 WORCESTER STREET  
 WEST BOYLSTON, MA 01583  
 TELEPHONE/FAX: 774-261-4075



**APPLICATION FOR REMOVAL AND TRANSPORTATION OF SEPTIC TANK WASTE and OFFAL PERMIT**

In accordance with the State Sanitary Code, Title 5, Regulation 15.5, the undersigned makes application to the Board of Health, Town of West Boylston, for a permit to remove and transport the contents of privies, cesspools, septic tanks, and other offensive substances as specified under Regulation 15.5.

APPLICANTS NAME \_\_\_\_\_ PHONE NO. \_\_\_\_\_

APPLICANTS SOCIAL SECURITY OR FID NUMBER \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_ PHONE NO. \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_ ZIP CODE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

Number of pieces of equipment and capacity for each \_\_\_\_\_

Location(s) of disposal area(s)\* \_\_\_\_\_

**No person shall remove and transport septage through the streets of any city or town or via any state or federal highway located within any city or town in which the septage was first collected without first obtaining a permit from the Board of Health of such city or town in accordance with 310 CMR 15.000 and M.G.L. c 111, 31A.**

The fee for the calendar year is \$200.00 and is not refundable. This fee was adopted on October 11, 2017 after a public hearing. Please make your check payable to the **Town of West Boylston** and mail it to the above address. ***Provide a copy of your insurance and workers compensation insurance policies.***

Pursuant to M.G.L Chapter 62C, Sec. 49A I certify under the penalties of perjury that I, to my best knowledge and belief have filed all state tax returns and paid all state taxes required under the law.

Signature \_\_\_\_\_ Date \_\_\_\_\_

\* Septage must be disposed of at state approved Waste Treatment Works, per CMR 310 15.504