



**Nashoba Associated Boards of Health**  
**Environmental Health Service**  
**30 Central Avenue, Ayer, Ma. 01432**

**APPLICATION FOR PERMIT FOR THE REMOVAL AND TRANSPORTATION OF SEPTIC TANK WASTE WITHIN THE NASHOBA DISTRICT**

In accordance with the State Sanitary Code, Title 5, Regulation 310 CMR 15.502, the undersigned makes application to the Board of Health, Town of \_\_\_\_\_ for a permit to remove and transport the contents of privies, cesspools, septic tank, and other offensive substances as specified under Regulation 15.502.

NAME OF APPLICANT \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

NUMBER OF PIECES OF EQUIPMENT \_\_\_\_\_

LOCATION OF APPROVED DISPOSAL AREA \_\_\_\_\_

\_\_\_\_\_

Nashoba Associated Boards of Health, acting as agent for the Board of Health of the Town of \_\_\_\_\_ will make all inspections and issue permits. It will be the applicant's responsibility to make arrangements with the Nashoba Boards of Health Department for inspection time and place.

Please include with your completed application a payment for the sum of one-hundred and fifty (\$150.00) dollars, payable to the Nashoba Associated Boards of Health. This fee was increased by vote of the Nashoba Associated Boards of Health at their Quarterly meeting on 12/15/05.

Also, include a copy of the approval you have secured, or other arrangement that have been recurred, from the approved disposal site you are currently utilizing. **\*There is a 15% processing charge on all refunds.**

Thank You . . .

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date

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