

**TOWN OF HOLLISTON – BOARD OF HEALTH  
APPLICATION FOR SEPTAGE HANDLER'S PERMIT**

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

Name of person(s) or firm: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_

Name of authorized person that can be contacted during normal business hours: \_\_\_\_\_

**DESCRIPTION OF VEHICLES**

YEAR AND MAKE	REGISTRATION NO.	CAPACITY (gal.)
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**Permit Fee: - \$150 per truck**

I agree to dispose of any such substance:

Into a sanitary sewer or works designed for such purpose, discharge to be in a manner and at such times as may be acceptable to the authority of jurisdiction. If disposal is by works designed for the purpose, the area shall be in a location approved by all authorities having jurisdiction over such facility.

SITE OF DISPOSAL WILL BE: \_\_\_\_\_

The applicant hereby understands that the use of chemicals, acids or other substances in connection with the cleaning of a subsurface sewage disposal system is prohibited except with permission from the Board of Health. If such permission is granted, the type and amount of chemical used shall be reported within 24 hours to the Board of Health. Board of Health permission will not be granted in situations, where, in the opinion of the Board of Health, harm to the public health or to the environment will occur, or where repeated applications of such substances have occurred to an extent that repair of the system must be performed. Under no circumstances are solvents allowed.

PERMIT NO. \_\_\_\_\_

DATE ISSUED \_\_\_\_\_

FEE \_\_\_\_\_

\_\_\_\_\_  
APPLICANT NAME (print)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
BOH AGENT