



BOARD OF HEALTH
100 MAPLE AVENUE
SHREWSBURY, MASSACHUSETTS 01545

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APPLICATION FOR PERMIT TO TRANSPORT NIGHTSOIL WASTES IN SHREWSBURY
AND TO DISCHARGE NIGHTSOIL WASTES AT THE TREATMENT PLANT

THE UNDERSIGNED, BEING THE OWNER OF: _____
TELEPHONE: _____ EMAIL: _____
ADDRESS: _____

Hereby requests a permit to discharge cesspool and septic tank wastes at the Treatment Plant from the following vehicles:

Table with 3 columns: VEHICLE IDENTIFICATION # (Massachusetts Registration #), TANK CAPACITY, OPERATORS. Includes rows for vehicle details and Gallons.

In consideration of the granting of this permit, the undersigned agrees:

- 1. To accept and abide by all provisions of the Rules and Regulations for the Installation and Connection of Building Sewers...
2. To notify the Superintendent of any changes or additions to this application...
3. To notify the Superintendent and the Board of Public Health immediately in the event of any accident...
4. Permit shall be renewable on January 1st of each year.

DATE: _____ SIGNED: _____ (APPLICANT)

SOCIAL SECURITY # or FEDERAL IDENTIFICATION #: _____

I certify under the penalty of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid the state taxes required by law.