

Town of Lynnfield, Massachusetts



Coral Hope, Director
781-334-9481

BOARD OF HEALTH
55 Summer Street
Lynnfield, MA 01940
Telephone: 781-334-9480
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Public Health
Prevent. Promote. Protect.

APPLICATION FOR SEPTIC HAULER BOARD OF HEALTH LICENSE

In accordance with M.G.L. c 111, Section 31B and 310 CMR 15.402 (Title V), the undersigned makes application to the Board of Health for permission to remove and transport septage and the content of privies and cesspools set forth below:

Kindly return this form with your check for \$100.00 per truck made out to the Town of Lynnfield.

Name of Business: _____

Business Address: _____

Business Mailing Address: _____

Business Telephone: _____

Email: _____

Name and Title of Applicant: _____

List number and types of equipment and their gallonage capacity:

List locations where septage will be disposed of (include copy of the contract or the approval for use of the disposal location).

I certify that the information I have provided above is true and accurate. I recognize that it is a violation of this permit to dispose of septage anywhere other than the identified disposal locations or others approved of the Board in writing as an amendment to this permit.

Date: _____ **Signature of Applicant:** _____

Pursuant to Massachusetts General Law c.62C, section 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 law.

(Signature of Individual) By: _____
Corporate Officer (Mandatory if Applicable)
Federal Identification Number or Social Security Number: _____