

**TOWN OF WAYLAND  
BOARD OF HEALTH**



FEE PAID \_\_\_\_\_

CHECK No. \_\_\_\_\_

PERMIT# \_\_\_\_\_

**APPLICATION FOR SEPTAGE HANDLER'S PERMIT**

I hereby petition the Wayland Board of Health to issue a Septage Handler's Permit for the undersigned to engage in the practice of pumping and/or transportation of the contents of septic tanks, cesspools, privies, or other offensive substances in the Town of Wayland for the fiscal year.

I agree to dispose of such substances, as required by the State Environmental Code (310 CMR 15.351), only in a location approved by the Wayland Board of Health.

I agree not to use any solvents, acids, alkalis, hydrogen peroxide, other chemicals, or biological agents, the use of which are all prohibited by the Wayland Board of Health, to clean or renovate any subsurface sewage disposal system.

\_\_\_\_\_  
FULL NAME OF PERSON, FIRM, OR CORPORATION MAKING APPLICATION

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
TELEPHONE NUMBER

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

\_\_\_\_\_  
NAME OF AUTHORIZED PERSON

THAT CAN BE CONTACTED BY THE BOARD OF HEALTH DURING NORMAL BUSINESS HOURS.

If not available during normal business hours, specify means by which applicant or authorized agent can be contacted at other times.

\_\_\_\_\_  
DESCRIPTION OF VEHICLE(S)  
Year and Make                      Registration Number

\_\_\_\_\_  
CAPACITY (GALLONS)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF APPLICANT

**THIS PERMIT EXPIRES ON June 30th OF THE Fiscal Year GRANTED**