



Town of Southborough

Board of Health

9 Cordaville Road, Lower Level
Southborough, MA 01772-1662

Phone: (508) 481-3013
Fax: (508) 229-2580

NON HAZARDOUS WASTE HOLDING TANK APPLICATION (Plan Review, Permit, Inspection)

- | | |
|---|------------|
| <input type="checkbox"/> Non-Residential | FEE: \$500 |
| <input type="checkbox"/> Commercial | FEE: \$500 |
| <input type="checkbox"/> Institutional/School | FEE: \$500 |
| <input type="checkbox"/> Repair/Replace | FEE: \$100 |

Applicant Name _____ Date _____

Applicant Address _____ Phone _____

A permit is requested to install or alter a non-hazardous waste holding tank at the property described below:

Street and Number _____ Assessors Map/Parcel # _____

Est. Wastewater Flow Based on _____ Type of Holding Tank _____

Facility Receiving Wastewater _____

Name of Licensed Hauler _____

List of Pollutants _____

I understand that I may not proceed with construction of the sewage disposal system until this application has been approved; that the installation must be inspected by both the Certifying Engineer and the Agent of the Board of Health as required by the permit and that I am responsible for scheduling these inspections with a minimum of 48 hours' notice.

The installation must be performed by an Installer so licensed by the Town of Southborough, Board of Health.

A check or money order payable to the Town of Southborough in the amount stated above is required before this application can be considered or reviewed.

* Engineered plans may also be required.

Signature _____ Date _____

Printed Name _____ ☐ Owner ☐ Agent for Owner

FOR OFFICE USE ONLY

Fee _____ Check # _____

Permit Number _____ Date Issued _____

Notes: _____