



## 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: \_\_\_\_\_