



# TOWN OF YARMOUTH

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Board of Health  
-  
Health Division

## 2023 PERMIT APPLICATION FOR SEWAGE COLLECTION & TRANSPORTATION & INTER-COMMUNITY DISPOSAL

License Fee: \$100.00  
Renewal \_\_\_\_\_  
New Application \_\_\_\_\_

### PLEASE COMPLETE ALL QUESTIONS

NAME OF BUSINESS \_\_\_\_\_ TAX ID (FEIN or SSN) \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

BUSINESS TEL.NO. \_\_\_\_\_ E-MAIL \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT) \_\_\_\_\_

OWNER'S NAME \_\_\_\_\_ HOME TEL. NO. \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

ON THE FOLLOWING LINES, LIST EACH TRUCK BY LOAD CAPACITY & REGISTRATION NUMBER

1. \_\_\_\_\_ GALLONS \_\_\_\_\_ REGISTRATION NUMBER
2. \_\_\_\_\_ GALLONS \_\_\_\_\_ REGISTRATION NUMBER
3. \_\_\_\_\_ GALLONS \_\_\_\_\_ REGISTRATION NUMBER
4. \_\_\_\_\_ GALLONS \_\_\_\_\_ REGISTRATION NUMBER

(USE EXTRA SHEET IF MORE THAN 4 TRUCKS)

LOCATION WHERE TRUCKS ARE STORED \_\_\_\_\_

Each sewage collection truck must be inspected by the Health Agent and **must comply with the following:**

1. Business name noted on truck.
2. Tight seals to prevent sewage leakage.
3. Full length site glass at the rear of the pump truck, for collections within Yarmouth.
4. Calibrated site glass by plant operator if more than one load is to be placed on truck.
5. Truck routes to the Treatment Plant from location outside of Yarmouth, must use only D.P.W. approved routes. A copy of the approved routes may be obtained at the D.P.W. office.
6. Contact the D.P.W. office for use regulations for discharging into the treatment facility.
7. A Health Department approved septage pumping report form must be completed on each septic system pumped and presented when using the town treatment facility, if a different legal disposal facility is used, the form must be presented to the Health Department within one week after the septic pumping.

Under Chapter 152, Sec. 25C, Subsection 6, the Town of Yarmouth is now required to hold issuance or renewal of any license or permit to operate a business if a person or company does not have a certificate of worker's compensation insurance. **The attached State Workers's Compensation Insurance Affidavit must be completed and signed.**

Town of Yarmouth taxes and liens must be paid prior to renewal or issuance of your permits. Please check appropriately if paid: yes \_\_\_\_\_ no \_\_\_\_\_

**The site of disposal for all sewage collections shall be Town's Septage Treatment Facility.**

TURN OVER

TURN OVER

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2023 PERMIT APPLICATION FOR  
SEWAGE COLLECTION & TRANSPORTATION  
& INTER-COMMUNITY DISPOSAL

If an inter-community disposal site is requested, or to be renewed, please list name, address, telephone number, and attach a letter approving the use from the requested facility and a letter from the Board of Health in the town the facility is located. A Board of Health Hearing to obtain approval will be required prior to transporting septage out of town.

1. \_\_\_\_\_  
Name Address Telephone Number of Requested Disposal Facility
2. \_\_\_\_\_  
Name Address Telephone Number of Requested Disposal Facility
3. \_\_\_\_\_  
Name Address Telephone Number of Requested Disposal Facility

LICENSURE AND INTER-COMMUNITY DISPOSAL APPROVAL RUN ANNUALLY from January 1 to December 31. It is your responsibility to return the completed application and required fee by December 31st. Failure to do so will result in closure of your establishment until the required application and fee are received. A hearing before the Board of Health may be required prior to licensure.

As a condition of the Board of Health issuing a sewage collection and transportation license or inter-community disposal approval, the applicant agrees to comply with the Board of Health regulations and policies in regards to sewage collection and transportation, along with compliance to this application.

**The site of disposal for all sewage collections shall be Town's Septage Treatment Facility.**  
Please note: If septage is transported to a facility located out of the Town of Yarmouth, copies of the pumping data slips showing date, address, and the amount of gallons pumped must be provided to the Yarmouth Health Department office on a monthly basis.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Please Print Signature