

BOARD OF HEALTH

TOWN OF UPTON

Tel. - 508-529-6813 Fax - 508-529-0010
email: dtiernan@uptonma.gov



MASSACHUSETTS

Mailing address: 1 Main Street, Box 3
Upton, MA 01568

APPLICATION FOR REMOVAL OF GARBAGE OFFAL
OR OTHER OFFENSIVE SUBSTANCES
Chapter III, Section 31A, of the General Laws
Fee: \$125.00

Name of business: _____ Tel: _____

Street Address of Applicant: _____

Mailing address if different: _____

Town, State and Zip Code: _____

I hereby apply to the Upton Board of Health for a permit to Remove, Transport and Dispose of the following offensive substances:

Check all that apply

() Garbage (requires solid waste & recycling tonnage reports be submitted to the BOH)

() Cesspool, Privies, or Septic Tank Effluent (requires MA System Pumping Records be submitted to the BOH)

() Manure

() Other offensive substance (define): _____

By signing below, I understand and agree to follow all state and local requirements pursuant to this permit. I understand that failure to submit the required reports will be just cause for revocation of my permit.

Date: _____

Signature: _____