



TOWN OF GROVELAND

BOARD OF PUBLIC HEALTH

183 Main St.

Groveland, MA 01834

978-556-7210

RENEWAL APPLICATION FOR SEPTIC SYSTEM HAULER PERMIT – 2025

Please make check payable to Town of Groveland

FEE \$200.00

DATE _____

NAME _____

COMPANY NAME _____

ADDRESS _____

TELEPHONE _____ CELL _____

EMAIL _____

PERMITS NOW HELD

TOWN

1. _____

2. _____

3. _____

NUMBER OF TRUCKS HAULING SEPTAGE _____

COPIES OF CERTIFICATE OF LIABILITY INSURANCE AND WASTE WATER TREATMENT PLANT CONTRACT REQUIRED

THE GROVELAND BOARD OF HEALTH REQUIRES A SEPTIC HAULER TO SEND A MONTHLY LIST OF ALL PUMPING IN THE TOWN OF GROVELAND. THE LIST MUST INCLUDE THE DATE OF THE PUMPING, PROPERTY OWNER NAME AND ADDRESS AND AMOUNT OF SEPTAGE PUMPED

APPLICATION APPROVED BY _____ DATE _____

BOARD OF HEALTH