



# Town of Sudbury

## Board of Health

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DPW Office Building  
275 Old Lancaster Road  
Sudbury, MA 01776  
978 440-5479

Calendar Year 2019

TO: Sudbury Septage Haulers'

RE: 2019 Septage Hauler License Renewal

Our records indicate it is time to renew your current Septage Hauler's license that will expire December 31, 2018. Please read through the instructions and fill out the enclosed forms. The Department of Health will require the completion of the following forms and all required submissions in order to renew your Hauler's license;

- Sudbury Application (enclosed)
- Application Fee (checks payable to the Town of Sudbury)
- Worker's Compensation Insurance Affidavit (enclosed)
- Copy of your Workers Compensation Insurance Declaration page.

If you have any questions or concerns, please do not hesitate to contact us at 978-440-5479.

Thank you for your attention to this matter.

Sincerely,

*Bill Murphy*  
*Sudbury Board of Health*  
*health@sudbury.ma.us*  
*Monday-Friday*  
*8:00am-3:00pm*  
*978-440-5479*

SUDBURY BOARD OF HEALTH  
2019 APPLICATION FOR SEPTAGE HAULER'S PERMIT



Renewal = \$75.00  
New Hauler = \$100.00 & Per Truck = \$75.00

Payable To: Town of Sudbury  
275 OLD LANCASTER RD.  
SUDBURY, MA. 01776

Social Security # or Voluntary Federal Identification Number:

Your Social Security number, or FID number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Massachusetts General Law, Chapter 62C, Section 49A.

I hereby petition the Sudbury Board of Health to issue a Septage Hauler 's Permit for the undersigned to engage in the practice of pumping Septic Systems, Innovative Alternative Technology or Cesspools in the Town of Sudbury for the calendar year 2019.

I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes as required under law.

FULL NAME / ADDRESS / PHONE / EMAIL OF PERSON, FIRM, OR CORPORATION

FULL NAME AND CONTACT INFORMATION FOR EMERGENCIES.

MAKE OF VEHICLE	YEAR	GALLON CAPACITY	STATE	REGISTRATION NUMBER

NAME OF APPLICANT

DATE OF APPLICATION

OFFICE USE ONLY

DATE APPROVED: \_\_\_\_\_

AMT PAID: \_\_\_\_\_

PERMIT NUMBER: \_\_\_\_\_

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



The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 1 Congress Street, Suite 100  
 Boston, MA 02114-2017  
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses.  
 TO BE FILED WITH THE PERMITTING AUTHORITY.

**Applicant Information**

**Please Print Legibly**

Business/Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Are you an employer? Check the appropriate box:**

- 1.  I am a employer with \_\_\_\_\_ employees (full and/ or part-time).\*
- 2.  I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
- 3.  We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]\*\*
- 4.  We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

**Business Type (required):**

- 5.  Retail
- 6.  Restaurant/Bar/Eating Establishment
- 7.  Office and/or Sales (incl. real estate, auto, etc.)
- 8.  Non-profit
- 9.  Entertainment
- 10.  Manufacturing
- 11.  Health Care
- 12.  Other \_\_\_\_\_

\*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

\*\*If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

**I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.**

Insurance Company Name: \_\_\_\_\_

Insurer's Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Policy # or Self-ins. Lic. # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).**

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

**I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.**

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

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

*Official use only. Do not write in this area, to be completed by city or town official.*

City or Town: \_\_\_\_\_ Permit/License # \_\_\_\_\_

**Issuing Authority (circle one):**

- 1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office
- 6. Other \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

# Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an *employee* is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An *employer* is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However, the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that "**every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required.**"

Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

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## Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply your insurance company's name, address and phone number along with a certificate of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

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## City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary). A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

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The Department's address, telephone and fax number:

The Commonwealth of Massachusetts  
Department of Industrial Accidents  
1 Congress Street  
Boston, MA 02114-2017  
Tel. # 617-727-4900 ext. 7406 or 1-877-MASSAFE  
Fax # 617-727-7749  
[www.mass.gov/dia](http://www.mass.gov/dia)

Board of Health

Acting under the authority of Chapter 111, Section 31, of the Massachusetts General Laws, the Sudbury Board of Health has set the following fees which are in affect as of March 1<sup>st</sup>, 2016.

Annual Fee Schedule

Soil Testing (New Construction- new lot)	\$250.00
Septic System DWCP <i>Residential</i>	New Construction w I/A Technology - \$850.00 New Construction - \$750.00 Upgrade 1 Bedroom - \$400.00 Repair - \$300.00 Minor repair (component)- \$50.00
Septic System DWCP <i>Commercial</i>	Repair- \$750.00 New Design Flow up to 550 GPD -\$850.00 551-1000 GPD - \$1000.00 1000 GPD + \$100/1000 Gallons up 2000-10,000 GPD - \$1/gallon
Small Waste Water Treatment Facilities Commercial Innovative/Alternative	
Renewal of Expired Septic Permits	\$100.00
Title 5 Inspection Report Submission	\$10/report
Disposal Works Installer Permit	Renewal- \$75.00 New Applicants- \$100.00
Sewage Hauler/Pump Truck	\$75.00/ truck
Food Service Establishments	Restaurant, cafeteria, coffee shop, sandwich shop, nursing home, small market, bakery, caterer, deli, etc.-base charge-\$200 1-25 seats- add \$100 additional 26-100 seats – add \$200 additional Over 100 seats- add \$300 additional  Supermarkets-\$600.00  Limited Retail Food - \$50.00  Vendor or Mobile Vendor- \$100.00  Seasonal Mobile Vendor - \$50.00  Temporary Food Service - \$10.00  Farmer’s Market \$10/vendor/10 market days  Residential Kitchen - \$50.00 Non-PHF’s
New Applicant Plan Reviews	\$100.00
Milk and Cream License (MGL)	Vehicle - \$2 Restaurant/Store- \$10

Garbage/Trash/Refuse Haulers	Permit to remove, transport, and dispose of garbage, trash, offensive substances- \$100/company
Recreational Camps	<b>\$150.00</b>
Funeral Home Director (MGL)	\$25.00/year (continued)
Well Installation Permit	Irrigation Well - \$100.00 <b>Potable Well - \$200.00</b>
Sale of Tobacco/Nicotine Products	<b>\$200.00</b>
Stable	<b>\$50 (2 year permit)</b>
Trench permit	\$50.00

Red indicates increased fee or new fee added