



TOWN OF LANCASTER, MASSACHUSETTS

APPLICATION FOR INSTALLATION OF
PORTABLE SEPTIC

Date: _____

Applicant Name: _____

Address: _____

Telephone: (W) _____ (C) _____

Email: _____

Equipment Location: _____

(use reverse side to list additional locations)

Number of Units: _____

Usage: Commercial: _____ Residential: _____

Dates of Use: From _____ to _____

Septic Hauler: _____

(Please include a copy of their current Nashoba Associated Boards of Health Hauler's Permit)

A permit to operate will be issued by the Board of Health after inspection and written approval by the applicable authorities and payment of the fee to the LBOH (*checks made payable to Town of Lancaster*).

Permit Fee: _____

Permit #: _____