



Town of Canton, Massachusetts

BOARD OF HEALTH 79 Pleasant Street Canton, Massachusetts 02021

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Board of Health

Julie E. Goodman

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Director of Public Health

John L. Ciccotelli, R.S., C.H.O.

September 2014

TO: ALL TOWN OF CANTON SEPTAGE HAULERS

SUBJECT: HAUL OFFAL PERMIT(S) WITHIN TOWN OF CANTON

Following you will find the Town of Canton, Board of Health, Haul Offal application paperwork package which includes:

-Haul Offal – Application for General Permit/License.

Please note: Inclusion of the truck name(s) and license plate number(s) of the truck(s) you plan on licensing on the application form is requested.

-Workers Compensation Affidavit Form.

-Form from the Town of Canton, Haul Offal Inspector will be using during his inspection.

-Copy of Board of Health regulations relating to Septage Hauling/Haul Offal.

Return the completed paperwork to the Canton Board of Health, 79 Pleasant Street, Canton, MA with a check or money order payable to the Town of Canton. **CASH IS NOT ACCEPTED.** The fee is \$100.00 per truck annually. Licensing period is January 1 – December 31.

You are respectfully requested to contact Tim Marble, Board of Health Inspector at 617 827 8360 to schedule a mutually agreeable time for the truck inspection(s). Please be prepared to leave a voicemail message when calling Tim Marble. No license(s) will be issued without this annual inspection being performed.

Your cooperation is appreciated.

Diane J. White

Administrative Assistant

Canton Board of Health

Email: dwhite@town.canton.ma.us

CANTON BOARD OF HEALTH REGULATION

6.1 FEE PERMITS LICENSES AND SERVICES

Section 1: The following permits and licenses are issued by the Board of Health and shall be renewed each year, unless otherwise noted. The listed fees for said permits and licenses shall accompany the application for each permit and license. Services provided by the Board of Health are also noted and payment is due prior to or at the time of service.

Those businesses that fail to renew an annual permit by their expiration date will be required to pay a 50% increase of the original fee.

1. FOOD PERMITS, LICENSES AND SERVICES

*	Bakery	75.00	
	Bottled Water	12.50	(State)
		12.50	(Town)
*	Catering	75.00	
	Catering Out of Town Caterer	10.00	Per function per location
		[100.00	cap per location per year]
*	Food Service	60.00	0- 50 seats
		100.00	51 100 seats
		150.00	>100 seats
	Frozen Dessert Machine	50.00	At retail level
	Function Kitchen	50.00	
	Manufacturing of Frozen		
	Desserts/Ice Cream	200.00	
	Milk & Cream Store	5.00	
	Milk & Cream Vehicle	5.00	Renewable every 5 years
	Mobile Food	60.00	
	Pasteurization of Milk	10.00	
	Plan Review	50.00	
*	Retail Food	50.00	1st 1000 square feet
		10.00	Each additional 1000
			square feet
	Slush Machine	10.00	At retail level
	Temporary Food Event	25.00	Events less than 2
			weeks in duration

* Businesses that require related permits are covered by the highest fee category; multiple permit fees are not required.

2. GENERAL PERMITS, LICENSES AND SERVICES

	Disposal Works Construction	100.00	
	Disposal Works Installer	50.00	
	Funeral Director	50.00	Per establishment/Expire 4/30
	Haul Offal or Garbage	100.00	Per truck

5.3 REMOVAL, DISPOSAL AND TRANSPORTATION OF HOUSEHOLD REFUSE, OFFAL OR OTHER OFFENSIVE SUBSTANCES

Section 1: No person, firm or corporation shall take from premises in the Town of Canton, household refuse, offal or other offensive substances, or transport through the streets of the Town of Canton any such substances collected within the Town of Canton, unless they shall first have obtained a permit from the Board of Health. Application for such permit shall contain a brief description of the vehicle or vehicles which will be used for such transportation, the residence and business address of the applicant and such other information as the Board may require. All such permits shall expire at the end of the calendar year in which issued and may be revoked by the Board of Health upon receipt of evidence that the nature of collection or disposal is not in conformity with the requirements of these rules and regulations or such other rules as may be adopted. No permit hereunder shall be transferred except with the approval of the Board of Health.

Section 2: No person shall transport through the streets of the Town of Canton, household refuse, offal or other offensive substances, or transport through the streets of the Town of Canton household refuse, offal or other offensive substances collected outside the Town of Canton, unless they shall first have registered with the Board of Health by filing with the Board a statement of registration. Such registration shall state the places which the substance is to be transported, a brief description of the vehicle or vehicles which will be used for such transportation, the residence and business address of the applicant and such other information as the Board may require. No person who has filed such statement of registration shall transport said substances through the streets of the Town of Canton unless they do so in accordance with these and any other regulations of the Board of Health.

Section 3: Vehicles used for transporting household refuse, offal or other offensive substances in or through the Town of Canton shall be watertight, and the exterior thereof shall be kept clean at all times. The containers on all such vehicles shall be provided with adequate covers which shall be kept closed and shall completely cover the same at all time, except when necessary to open to permit the reception of contents.

Section 4: Each person, firm or corporation permitted to collect offal within the Town of Canton shall submit to the Board of Health a septage disposal manifest, containing all of the required information noted on the manifest, for each location where offal is collected and/or deposited within the Town of Canton.

Section 5: No trucks used for hauling offal will be allowed on Canton streets between dusk and dawn.

THE COMMONWEALTH OF MASSACHUSETTS
CANTON BOARD OF HEALTH
79 PLEASANT STREET
CANTON, MA 02021
Phone # 781 821 5021
Fax #: 781 821 0337

****APPLICATION FOR GENERAL PERMIT/LICENSE****

HAUL OFFAL

DATE: _____

FEE: \$100.00 PER TRUCK

“TO THE LICENSING AUTHORITY: THE UNDERSIGNED HEREBY APPLIES FOR A PERMIT/LICENSE IN ACCORDANCE WITH THE PROVISIONS OF THE STATUTES RELATING THERETO”, PERSON, FIRM OR CORP. MAKING APPLICATION:

PERMIT/LICENSE TYPE: **HAUL OFFAL**

LICENSING PERIOD: JANUARY 1, 201____ – DECEMBER 31, 201____

BUSINESS

NAME: _____

LOCATION: _____

MAILING ADDRESS: _____

PHONE: _____ Email Address _____ Fax# _____

NOTES/

RESTRICTIONS:

VEHICLE #1 Make _____, Model _____, Tank Capacity _____, License Plate # _____

VEHICLE #2 Make _____, Model _____, Tank Capacity _____, License Plate # _____

VEHICLE #3 Make _____, Model _____, Tank Capacity _____, License Plate # _____

VEHICLE #4 Make _____, Model _____, Tank Capacity _____, License Plate # _____

“IN ACCORDANCE WITH THE RULES AND REGULATIONS MADE UNDER THE AUTHORITY OF SAID STATUTES, I CERTIFY UNDER PENALTY OF PERJURY THAT I, TO MY BEST KNOWLEDGE AND BELIEF, HAVE FILED ALL STATE TAX RETURNS AND PAID ALL STATE TAXES REQUIRED UNDER LAW.”

signature of applicant

SIGNATURE OF INDIVIDUAL, OR CORP, NAME: _____

BY CORPORATE OFFICER: _____

SOCIAL SECURITY NO. OR FEDERAL INFO NO: _____

***PERMIT/LICENSE WILL NOT BE ISSUED UNLESS CERT. CLAUSE IS SIGNED.**

***PAYMENT IS DUE WITH THE APPLICATION/CHECKS PAYABLE TO TOWN OF CANTON.**

***YOUR SOCIAL SECURITY 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 SUSPENSION OR REVOCATION. THIS REQUEST IS MADE UNDER AUTHORITY OF THE MGL CH62C, S49A.**

Pass _____ Fail _____

Initials of Inspector: _____

Date of Inspection: _____

TOWN OF CANTON

BOARD OF HEALTH

79 Pleasant Street, Canton, MA 02021

(781) 821 5021

Septage Hauler's Truck Inspection Report

PLEASE TAKE COPY OF TRUCK REGISTRATION FOR BOARD OF HEALTH RECORDS.

Name of Company: _____	Truck No.: 1 2 3 4
Address: _____	Make: _____
Town, State, Zip: _____	VIN: _____
Owner's Name: _____	Color: _____
Driver: _____	Registration No.: _____
Address: _____	Mileage: _____
Lic. No. _____	Log Book: _____

BOARD OF HEALTH INSPECTOR'S CHECKLIST:

1. REQUIRED DISPLAYS: (a) Lic. No. ____; (b) Capacity____, (c) Volume Measuring Device____.
2. EQUIPMENT CHECKLIST: (a) Hoses____; (b) Couplings____; (c) Pump____;
(d) Gravity Drainage Valve with Lock____; (e) Vent____; (f) Coupling Safety Chains____;
(g) Suction Hose 15 ft.____; (h) Long Handle Shovel____; (i) Metering Device____.
3. GENERAL CONDITIONS: (a) Tires____; (b) Brakes____; (c) Lights____; (d) Exhaust____;
(e) Windshield____; (f) Windshield Wipers____.
4. DUMPING STATION: _____