



HAMILTON BOARD OF HEALTH
577 Bay Road, P.O. Box 429
Hamilton, MA 01936

Tel: 978-468-5579

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APPLICATION FOR TIGHT TANK

Name of Applicant _____

Location _____

Size of Tank _____ Volume at 3/5 capacity _____

Alarm present: _____ yes _____ no

Maintenance contract provided: _____ yes _____ no

Tight tank usage is
Commencing on _____ and terminating on _____

Other provisions: _____

This license to operate a "Tight Tank" is limited to the term specified. The applicant is responsible for the maintenance and operation of this tight tank at all times. Pumping records are to be forwarded to this office within 30 days of pumping. Failure of the applicant to provide pumping records, maintenance contracts, maintenance, or other provisions as stipulated shall result in the suspension/revocation of this license.

Applicant

Health Agent

Date _____

08/09