



# *Town of Mansfield*

6 Park Row, Mansfield, Massachusetts 02048

*Health Department*  
Amy Donovan-Palmer, MPH, RS  
Health Agent

October 18, 2019

Septage/FOG Haulers:

Your current Septage/FOG Hauler Permit will expire on December 31, 2019.

To renew your permit, please submit the following documents and payment to the Health Department **NO LATER THAN NOVEMBER 27, 2019**. Please note that ALL of these documents must be submitted each year for the filing to be complete. Incomplete filings will be returned and no permit will be issued.

- Septage/FOG Hauler Permit Application (Attached)
- Tax Certification Form (Attached)
- Workers' Compensation Insurance Affidavit: General Business. (Attached)
- Workers' Compensation policy declaration page.

The Health Department is communicating with permit holders mainly through email. Please be sure to include a valid email address.

The current Mansfield BOH fee is \$100 per truck.

According to Title 5, 310 CMR 15.505(1), all trucks that transport the contents of privies, cesspools, septic tanks or tight tanks must be inspected and approved by the Health Department. For the 3<sup>rd</sup> year, there will be a joint truck inspection held at the **Foxborough DPW, 70 Elm Street, Foxborough, MA**, on November 13<sup>th</sup>, 2019, from 7:30am-10:30am (see flyer). PLEASE DO NOT BRING PAPERWORK TO THIS EVENT. Paperwork should be submitted directly to the Health Department.

The Health Department is electronically tracking local pumping, as required by Title 5. Please submit the attached form electronically monthly.

Please contact the Health Department if we can be of any additional assistance.

Sincerely,

Amy Donovan-Palmer, MPH, RS  
Health Agent



*Town of Mansfield - Board of Health*

Town of Mansfield  
6 Park Row  
Mansfield, MA 02048

*Septage/FOG Haulers Application*

DATE:

LICENSE NUMBER:

BUSINESS NAME:

MAIL ADDRESS:

TOWN:

STATE:

ZIP CODE:

NAME OF OWNER:

BUSINESS TELEPHONE:

CELL:

FAX:

EMAIL:

ALT EMAIL:

FED ID/SS NO:

NUMBER OF TRUCK(S):

FEE PER TRUCK:

Truck Registration number: \_\_\_\_\_  
Truck Registration number: \_\_\_\_\_  
Truck Registration number: \_\_\_\_\_  
Truck Registration number: \_\_\_\_\_  
Truck Registration number: \_\_\_\_\_

Circle one: Septage FOG  
Circle one: Septage FOG  
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Circle one: Septage FOG

**SEPTAGE PUMPERS:**

310 CMR 15.505 Equipment: No person shall use equipment to remove or transport the contents of privies, cesspool, or septic tanks or other offensive substances unless such equipment has first been inspected and approved by the Board of Health.

TRUCKS INSPECTIONS: DATE: WEDNESDAY NOVEMBER 13, 2019      TIME: 7:30AM-11:00AM

PLACE: FOXBOROUGH DPW PARKING LOT, 70 ELM STREET, FOXBORO

PLEASE BE THERE, OR CALL THE FOLLOWING NUMBER (508) 261- 7366, IF YOU CAN NOT MAKE THIS DATE

**FOG PUMPERS:**

Town of Mansfield BOH Fats, Oils and Grease (FOG) Regulations

Article 3, Section 9: As of January 1, 2019, all Septic/FOG Hauler trucks that service systems in the Town of Mansfield will be required to have a Septic/FOG Hauler Permit. Septic/FOG Haulers must provide a list of all FOG customers as part of the permit application.

PLEASE NOTE: Onsite logs must be kept at all locations recording the % Combined Solids and Grease when pumping occurs for BOH records.

\_\_\_\_ I acknowledge that all pumpers will record the % Combined Solids and Grease on the onsite logs.

*All documents must be completed signed and returned to the Health Department with the appropriate payment. Checks can be made payable to Town of Mansfield. Mail to: Board of Health, Town of Mansfield, Six Park Row, Mansfield, MA 02048.*

SIGNATURE: \_\_\_\_\_

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

## TAX CERTIFICATION FORM

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

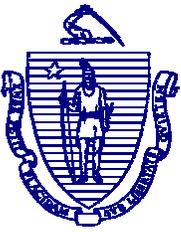
\_\_\_\_\_  
Signature of Individual or Corporate Name

\_\_\_\_\_  
By: Corporate Officer (*Mandatory, if Applicable*)

\_\_\_\_\_  
*\*\*Social Security No. (Voluntary) or Federal  
Identification Number*

**\*This license will not be issued unless this certification clause is signed by the applicant.**

**\*\*** 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 license suspension or revocation.** This request is made under the authority of Massachusetts General Law Chapter 62C, section 49A.



The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 Office of Investigations  
 600 Washington Street  
 Boston, MA 02111  
 www.mass.gov/dia

**Workers' Compensation Insurance Affidavit: General Businesses**

**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.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

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The Department's address, telephone and fax number:

The Commonwealth of Massachusetts  
Department of Industrial Accidents  
**Office of Investigations**  
600 Washington Street  
Boston, MA 02111

Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE

Fax # 617-727-7749

[www.mass.gov/dia](http://www.mass.gov/dia)



# ANNUAL SEPTIC HAULER TRUCK INSPECTION DAY

*As required under 310 CMR 15.505 (Title V Regulations)*

Date: Wednesday, November 13, 2019

Time: 7:30 am - 11:00 am

Location: Foxborough Department of Public Works  
DPW/Bus Terminal Parking Lot  
70 Elm Street, Foxboro

**NOTE: FOR THE SAFETY OF OUR INSPECTORS AND OTHER TRUCKS, PLEASE REFER TO THE ATTACHED SITE MAP FOR PROPER FLOW OF TRAFFIC**

## Participating Towns:

- ✓ Avon Health Department
- ✓ Foxborough Health Department
- ✓ Mansfield Health Department
- ✓ North Attleboro Health Department
- ✓ Norton Health Department
- ✓ Plainville Health Department
- ✓ Stoughton Health Department



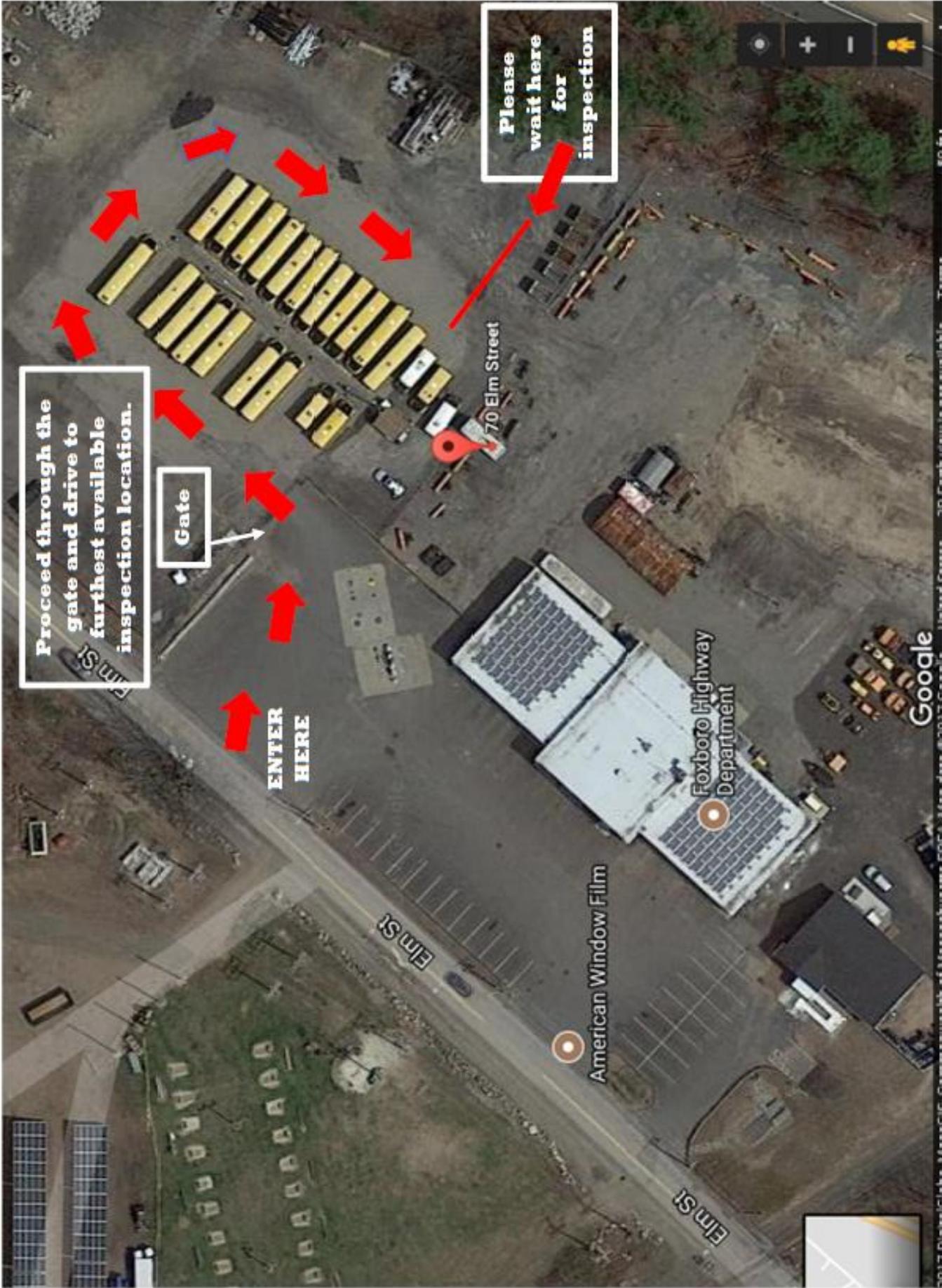
**Do you have a license with one or more of the Town's listed?**

**This one inspection will cover you for all SEVEN Towns!**

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1. Septic Hauler License Application and Fees are due to your local Health Department by December 1<sup>st</sup> to avoid any late fees.
2. We cannot accept any applications or fees on-site during the inspection day. We apologize for any inconvenience.
3. See attached Site Map!



Please wait here for inspection

Proceed through the gate and drive to furthest available inspection location.

Gate

ENTER HERE

70 Elm Street

American Window Film

Foxboro Highway Department

Google