

TOWN OF DUDLEY
MASSACHUSETTS
OFFICE OF THE BOARD OF HEALTH
71 West Main Street; Dudley, MA 01571
Telephone: 508-949-8017 Fax: 508-949-8031



The Dudley Board of Health approved new regulations for Portable Toilets pursuant to M.G.L. c. 111 § 31 at the February 19, 2008 Board of Health meeting. Amended 11/18/2008

Please see the Following new guideline for Portable Toilets:

Portable Toilets Regulations

Section 1. Findings and Purpose

The requirement is applicable to portable toilets provided at permanent and facilities as well as at venues that are temporary in nature – including but not limited to courts, rinks, playgrounds, fairgrounds, beaches, piers, docks, parks, picnic areas, parks, campsites, amusement facilities, and so on – triggers the requirement for accessible portable toilet(s) per 521 CMR Section 30.1.2:

30.1.2 Portable Toilets: For single user portable toilets clustered at a single location, at least 5% but not less than one accessible toilet unit shall be installed at each cluster. Accessible units shall be identified by the International Symbol of Accessibility.

The Board of Health may conduct a random inspection of the portable toilet. If necessary the portable toilet will be replaced within twenty-four (24) hours at no expense to the Board of Health.

Section 2. Definitions

- a) Portable Toilet: An outdoor toilet, usually referring to temporary facilities which are installed as additional restrooms at construction sites, special events, parks, etc.
- b) Effluent/solids: Involves pre-treatment via septic and/or secondary treatment process comprising aerobic biological processes and solids control followed by land application of the resulting secondary effluent via subsurface irrigation.
- c) Sanitizer: A substance or preparation for killing germs.
- d) Plot Plan/As-Built: A measured piece or parcel of land; a plan, map, diagram, or other graphic representation, as of land, a building, etc.

Section 3. Requirements

- a) A permit is required from the Board of Health to facilitate a portable toilet. The permit process shall include submission of a written application form and payment of the permit fee established by the Board. In addition permit applications must demonstrate to the satisfaction of the Board of Health that they understand the requirements for proper installation and operation of a Portable Toilet location in relation to other buildings and property line.
- b) Copy of maintenance agreement between vendor & supplier.
- c) Chemicals used within portable toilet.
- d) Location where effluent/solids will be disposed.
- e) Number of people servicing.
 - Handicap accessible toilet units servicing over fifty (50) or more persons.
- f) Show all locations of hand sanitizers or a hand sanitizer station.
- g) Plan- Plot Plan and/or As-Built drawn to scale by a engineer, land surveyor, registered sanitarian and architect with the proper set backs of installation of Portable Toilet(s) location in relation to other buildings, septic/well (if applicable) and separating distance from Portable Toilet(s) to all buildings and outbuildings on site and all neighboring houses within four-hundred (50) feet, together with distances to all roads adjacent to site. Plan will need to be submitted with the required information listed above.

Section 4. Penalties

- a) Any violation of these regulations shall be punished of \$50 for the first offense. Each day of violation shall constitute a separate offense. Any succeeding day of violation shall be punished by a penalty of \$100 per day of offense.
- b) Re-inspections on the portable toilets will be charged at a rate of \$25.00 per inspection.

**DUDLEY BOARD OF HEALTH
PORTABLE TOILET APPLICATION**

Fee - \$5.00 each portable toilet and maximum of \$75 in a year per site.

Name of Applicant _____

Address of Applicant _____ Telephone _____

Site/Location _____ Number of people serving _____

Days of Use _____ Vendor _____ Vendor Telephone # _____

Please provide the following:

- Chemicals used within portable toilet (information can be obtained from the vendor/supplier).
- Schedule of a monthly maintenance with dates from vendor (information obtained from the vendor/supplier).
- Statement that no grey water will be discharged onto ground (information can be obtained from the vendor/supplier).
- Sketch plot plan or as-built showing proposed location with offsets. Plan to include location of wetlands, wells, structures, rivers, streams, lakes, parking, abutting streets, etc.
- Location where effluent/solids will be disposed (information can be obtained from the vendor/supplier).
- Copy of maintenance agreement between vendor & supplier (vendor/ supplier can fax to 508-949-8031).

How many hand sanitizers or hand sanitizer stations will be on site? _____

Where will the hand sanitizers be located? _____

Will you be providing Handicap accessible Portable Toilets? Yes No

Did you read and understand the Dudley Board of Health Regulation regarding the Portable Toilets? Yes No

Did you read and understand the Dudley Board of Health Regulation regarding the Portable Toilets? Yes No

The Board of Health may conduct a random inspection of the portable toilet. If necessary the portable toilet will be replaced within twenty-four (24) hours at no expense to the Board of Health.

Re-inspections on the portable toilets will be charged at a rate of \$25.00 per inspection.

The undersigned hereby certifies that the proposed portable toilet will be installed accordance with the foregoing statements and in strict compliance with the Board of Health and State Regulations, in force on the date, which relate to the installation of the Portable Toilet in the Town of Dudley, MA.

Applicants signature

Date

OFFICE USE ONLY

Date: _____

Payment: _____

Approved

Not Approved

Health Agent

Date