



TOWN OF WARE
BOARD OF HEALTH OFFICE
Town Hall- Second Floor
Ware, MA 01082

(413)967-9615 (413) 967-9646 FAX

Board of Health Application for Emergency Permit to Immediately Alleviate health Threats Caused by Beaver or Muskrat Activity

Applicant: _____

Address: _____ Telephone#: _____

Location of Beaver Dam/Colony: _____ Name of Property Owner: _____

Emergency Permit Being Requested (please check one)

- The use of a conibear trap, or box, or cage type trap subject to regulations of Mass Wildlife*
- The breaching of dams, dikes, bogs or berms subject to Conservation Commission Approval*
- The use of non-lethal management or water flow devices subject to Conservation Commission approval*

Reason for Permit: (MGL C 131, sec. 80A defines threats to human health or safety)

(please check all that apply)

- Beaver or Muskrat occupancy of a public water supply*
- Beaver or Muskrat-caused flooding of drinking water wells, well fields, or pumping station*
- Beaver or Muskrat-caused flooding of a public or private way, driveway, railway or airport runway or taxi-way*
- Beaver or Muskrat-caused flooding of electrical or gas generated plants or transmission or distribution structure or facilities, telephone or other public utilities*
- Beaver or Muskrat-caused flooding affecting the public use of hospitals, emergency clinics, nursing homes, homes for the elderly, or fire stations*
- Beaver or Muskrat-caused flooding affecting hazardous waste sites or facilities, incineration or resource recovery plants or other structure or facilities whereby flooding may result in the release or escape of hazardous or noxious materials or substances*
- The gnawing, chewing, entering, or damage to electrical or gas generation or distribution equipment, cables, alarm systems, or facilities by any beaver or muskrat*
- Beaver or Muskrat-caused flooding or structural instability **on property owned by the applicant** if such an animal problem poses an immediate threat of substantial property damage, which shall be limited to:*
 - Flooding of residential, commercial, or industrial buildings and facilities.*
 - Flooding of or access to commercial agricultural land which prevents normal agricultural practices from being conducted on such lands.*
 - Reduction on production of an agricultural crop caused by flooding or compromised structural ability of commercial agricultural land*
 - Flooding of residential land in which the municipal health department, its chair or agent, the Federal or State Department of Health determines a threat to human health or safety exists.*

Other:
Describe _____

Is this the location where the threat to health or safety is occurring different from the address of the applicant?

_____ YES

_____ NO

If YES, please list location and property owner name in space provided below.

Location: _____

Name of Property Owner: _____

PLEASE DO NOT WRITE BELOW THIS LINE
FOR BOARD OF HEALTH USE ONLY

Date of site visit / /

Inspector: _____

Findings:

Application results:

_____ **Approve Application for**

Flood Control

Trapping

Permit # _____

Expiration date / /

Issued to: _____

_____ **Disapprove Application for**

Flooding

Trapping

An Applicant, or his agent, denied an emergency permit may appeal to:

The Department of Public Health Bureau of Environmental Assessment (617) 624-5757