FORM 5 - SEPTAGE HAULER PERMIT APPLICATION

Fee $75.00

Expires _____

Commonwealth of Massachusetts

UXBRIDGE MASSACHUSETTS

Application for Septage Hauler Permit

In accordance with M.G.L. c. 111, Section 31B and 310 CMR 15.402 (Title 5) the undersigned makes application to the Board of Health for permission to remove and transport septage and the content of privies and cesspools as set forth below:

Name of Applicant: _____

Business Name: _____

Address: _____

Telephone Number: _____

List number and types of equipment, their gallonage capacity, and date of vehicle inspection:
(add additional pages if needed)

_____

_____

List areas where septage will be accepted from (and append customer list):

_____

_____

List all locations where septage will be disposed of (include a copy of the contract or the approval for use of the disposal location).

_____

_____

I certify that the information I have provided above is true and accurate. I recognize that it is a violation of this permit to dispose of septage anywhere other than the identified disposal locations or others approved of the Board in writing as an amendment to this permit.

Date _____ Signature of Applicant _____

DEP APPROVED FORM - 12/07/95