



TOWN OF UXBRIDGE
Board of Health
21 South Main Street
Uxbridge, MA 01569
(508)278-8600 x 8
boh@uxbridge-ma.gov

APPLICATION FOR SEPTAGE HAULER PERMIT

Expires December 31,_____

Fee **\$150.00**

LATE FEE \$50.00

In accordance with MGL c. 111, Section 31B and 310 CMR 15.502 (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: _____

*(Required) Email Address: _____

Address: _____

Telephone: _____

CHECK LIST

- ☐ Copy of insurance/liability policy when submitting application.
- ☐ Copy of driver's license.
- ☐ Copy of each vehicles state inspection report when submitting application. This is not the inspection sticker.
- ☐ List areas where septage will be accepted from (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).

- ☐ LIST number and types of equipment, gallon capacity, vehicle year, make/model. (add additional pages if needed).

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 by the Board in writing as an amendment to this permit.

Date: _____

Signature of Applicant: _____

*** IF ANY *(REQUIRED) INFORMATION IS NOT PRESENTED YOU WILL NOT BE PERMITTED.**