

## TOWN OF UXBRIDGE

Board of Health

21 South Main Street

Uxbridge, Massachusetts 01569

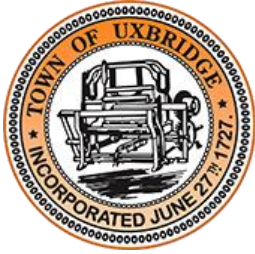
Telephone: (508) 278-8600 Ext.8

[boh@uxbridge-ma.gov](mailto:boh@uxbridge-ma.gov)

---

Please submit the following if you are applying for a permit to haul septage or dump at the wastewater treatment facility in the Town of Uxbridge

1. Permit Application
2. REAP Form
3. Attach copy of ACORD insurance certificate with general liability and workers' compensation listing the Uxbridge Board of Health, 21 South Main Street, Uxbridge, MA 01569 as a certificate holder
4. Workers' Compensation Insurance Affidavit: General Business
5. \$150.00 permit fee. Checks are to be made payable to Town of Uxbridge or online by going to Board of Health page of the Town's website
6. If renewing your application after January 1<sup>st</sup> there will be a \$50.00 late fee.



# TOWN OF UXBRIDGE

Board of Health  
21 South Main Street  
Uxbridge, Massachusetts 01569  
Telephone: (508) 278-8600 Ext.8  
[boh@uxbridge-ma.gov](mailto:boh@uxbridge-ma.gov)

## Application for septic hauler permit

(Permits expire yearly on December 31<sup>st</sup>)

Date: \_\_\_\_\_, 20\_\_\_\_\_

Non-Refundable Fee **\$150.00**

Late Fee **\$50.00**

(Checks made payable to Town of Uxbridge)

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

\_\_\_\_\_  
Owner/Applicant Name

\_\_\_\_\_  
Business Name

\_\_\_\_\_  
Business physical address

\_\_\_\_\_  
Business mailing address

\_\_\_\_\_  
Office phone number

\_\_\_\_\_  
Email Address (required)

\_\_\_\_\_  
Name of person responsible for daily operations

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Company website if applicable

### Please check all that apply.

- Portable Toilet
- Pumping of Septic System
- Dumping at the Uxbridge wastewater facility

### Include copies of the required information below

- Copy of vehicle (s) State inspection form for all vehicle(s) servicing places in the Town of Uxbridge. (Not a copy or picture of inspection sticker)
- Copy of valid driver's license for each person operating a vehicle.
- Copy of disposal site authorization from the town where sewerage is disposed.
- ACORD insurance certificate with general liability and workers' compensation listing the Uxbridge Board of Health, 21 South Main Street, Uxbridge, MA 01569 as a certificate holder.
- Workers' Compensation Insurance Affidavit: General Business form must be filled out completely.

**Vehicle information for those being used in the Town of Uxbridge**

(if needed, attach addition page (s) )

Vehicle Registration #	License Plate #	Type of Equipment	Capacity of Truck

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 location or others approved by the Board in writing as an amendment to this permit. I also agree to abide by 310 CMR 15.000 The State Environmental Code, Title 5: Standard requirements for the siting, construction, inspection, upgrade and expansion of on-site sewage treatment and disposal systems and for the transport and disposal of septage.

\_\_\_\_\_  
Print Name of Applicant

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**REAP ATTESTATION FORM**

Massachusetts Department of Revenue

**REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION**

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 the law.

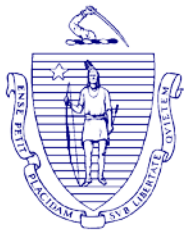
\_\_\_\_\_  
\*Signature of Individual or Corporate Name (Mandatory)

\_\_\_\_\_  
By: Corporate Officer (Mandatory, if applicable)

\_\_\_\_\_  
\*\*Social Security Number (Voluntary) or Federal Identification Number

\*This license will not be issued unless this certification 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 C. 62C. s. 49A.

**If any required information is missing, your permit will not be approved.**



The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 Office of Investigations  
 Lafayette City Center  
 2 Avenue de Lafayette, Boston, MA 02111-1750  
 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 § 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 (check 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."

---

## 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.

---

## 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.

---

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts  
Department of Industrial Accidents  
**Office of Investigations**  
Lafayette City Center  
2 Avenue de Lafayette,  
Boston, MA 02111-1750  
Tel (857) 321-7406 or 1-877-MASSAFE  
Fax (617) 727-7749  
[www.mass.gov/dia](http://www.mass.gov/dia)