

RCD AMT: \$ \_\_\_\_\_

# TOWN OF \_\_\_\_\_ SEPTAGE HAULER PERMIT APPLICATION

No person may remove or transport septage or the contents of privies, portable toilets or cesspools without a current Board of Health (BOH) permit in accordance with the Massachusetts Environmental Code 310 CMR 15.500 -15.502.

Permits are NOT transferrable and expire on December 31 unless otherwise stated.

<input type="checkbox"/> Annual Application	<input type="checkbox"/> Revised Application
---	--

## BUSINESS CONTACT INFORMATION

Note: Any change in ownership or operations requires a new permit application and filing fee.

*Business Name (DBA):
*Business Owner/Corporation Name:
*Mailing Address:
*Phone:
*Business E-mail:
*Business Physical Location (if different from mailing address):

## SEPTAGE HAULING FEE

<input type="checkbox"/> *Septage Hauling, Tank Pumping, Filter Cleaning, etc.	Peru: \$100	Richmond: \$50	Washington: \$100	
	Windsor: \$75			

## SEPTAGE DISPOSAL

<input type="checkbox"/> *Septage Disposal Primary Site:		Town/City Address	
<input type="checkbox"/> Septage Disposal Alternate Site:		Town/City Address	

## EQUIPMENT

	Transport Vehicle Name	Make/Model	Year	Size in Gallons	Plate #	Name/ Logo on Vehicle	Vehicle Inspection Date
<input type="checkbox"/> *Equipment #1:							
<input type="checkbox"/> Equipment #2:							
<input type="checkbox"/> Equipment #3:							

## AGREEMENT

- \*I affirm that I will comply with all state and local codes and allow the Board of Health access for inspections as required by law.
- \*By checking this box and signing this application I certify that I comply with M.G.L c. 152, s.25(c), Workman's Comp Laws
- \*By submitting this application, I certify under pains and penalties of perjury pursuant to MGL Ch. 62, sec. 49A that to the best of my knowledge and belief all state tax returns have been filed and all state taxes paid as required by law.
- \*I affirm that I am aware of my obligation to comply with the regulations of the Division of Water Pollution Control pursuant to MGL c.21, s.43 and the Wetlands Protection Act MGL c, 131, 2.40.

## SIGNATURE CERTIFICATION

- \*I affirm and certify that I am the owner of the company referenced in this application or an authorized representative/agent with authority to apply for this permit or witness/inspections and grant access for inspections as allowed by law.
- \*I do hereby certify and affirm under the pains and penalties of perjury that I am over 18 years old, the information provided in this application is true and correct.

*Signature			
*Name/Title		*Date of Application:	

## OFFICE USE ONLY - APPLICATION ACTIONS TAKEN

- Application approved with conditions  
  Application rejected; requires further information  
  Application denied for cause  
  Other