

Town of \_\_\_\_\_

## SEPTIC INSTALLER PERMIT APPLICATION<sub>v4</sub>

*No person may remove, transport or dispose of garbage, offal or other offensive substances without a current Board of Health (BOH) permit in accordance with the M.G.L. c. 111, s 31A.*

<input type="checkbox"/> Renewal Annual Application <input type="checkbox"/> New Annual Application <input type="checkbox"/> Revised Application
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### BUSINESS CONTACT INFORMATION

Note: Any change in ownership or operations requires a new permit application and filing fee.			
*Applicant/Requester		*Role/Title	
*Business Name		*Site Address	
*Mailing Address		*E-mail	
*Business Phone		*Emergency Phone	

### TYPE OF WASTES TRANSPORTED

Check all that apply. *Must Check at least 1 box:			
<input type="checkbox"/> Household <input type="checkbox"/> Food/Restaurant Recyclables <input type="checkbox"/> Compostable <input type="checkbox"/> Grease/Fats <input type="checkbox"/> Recyclables <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Construction Debris <input type="checkbox"/> Dumpsters: Requires a permit if onsite more than 2 weeks. <input type="checkbox"/> Other: Describe _____			
<input type="checkbox"/> Hazardous Waste	Includes paints, oil, pesticides, chemicals	Describe	
<input type="checkbox"/> Medical Waste	Waste from doctors, dentist, hospitals	Describe	
<input type="checkbox"/> Sharps/needles	Sharps are prohibited from household waste	<input type="checkbox"/> Notice on Sharps Disposal options provided to customers	
<input type="checkbox"/> *Do you have a plan for customers who do not comply with the recycling laws? Describe: _____			

### SOLID WASTE DISPOSAL SITES

Note: All waste disposal sites in Massachusetts must be approved by the Board of Health and the Department of Environmental Protection. Sites outside of Massachusetts must have local/state approvals as required by law.					
<input type="checkbox"/> *Approved Solid Waste Disposal Primary Site:		Town/City Address		Telephone Number	
<input type="checkbox"/> Approved Solid Waste Disposal Alternate Site:		Town/City Address		Telephone Number	

### EQUIPMENT

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

FEES (PAYABLE TO EACH TOWN)			
<b>Peru: \$100</b>	<b>Richmond: \$50</b>	<b>Washington: \$100</b>	<b>Windsor: \$75</b>

### SIGNATURE CERTIFICATION

By typing my name below and clicking on the certification boxes, I agree that I am submitting a signature for this application.			
<input type="checkbox"/> *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.			
<input type="checkbox"/> *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		*Date of Application:	
*Printed Name		*Date of Application:	