

Fee _____

Expires _____

Commonwealth of Massachusetts

Berkley, 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 locations).

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 _____