



HAMILTON BOARD OF HEALTH
577 Bay Road, P.O. Box 429
Hamilton, MA 01936

Tel: 978-468-5579

Fax: 978-468-5582

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: _____ Email _____

List below: Type of Equipment, Gallon 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 location).

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

Note: Local regulation adopted January 19, 1999 states that septage haulers must file a pumping report with the Board of Health within 30 days of pumping activity.

FEE: \$200.00 – EXPIRES DECEMBER 31

Date _____ Signature of Applicant _____

Date Issued _____ Permit # _____

TOWN OF HAMILTON

To the Hamilton Board of Health:

In accordance with the provisions of the Statutes relating thereto, application for a Permit is hereby made by:

Name: _____

Address: _____

Work Phone: _____ Email _____

For: Pumping and Transportation of Septage

<u>Type of Truck</u>	<u>Year</u>	<u>Model</u>	<u>Registration Number</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Signature of Applicant)

Pursuant to M.G.L. Ch. 62C, sec. 49A, 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 laws.

Signature of Individual or Corporate Name

Social Security Number or FIN

by _____
Corporate Officer (if applicable)