



## Commonwealth of Massachusetts

### Berkley, Massachusetts

1 North Main Street

Berkley, MA 02779

[boardofhealth@berkleyma.us](mailto:boardofhealth@berkleyma.us)

### Application for Septage Hauler Permit

In accordance with **M.G.L. c. 111, Section 31B and 310 CMR 15.502** (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: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

License: F.I.D. # \_ \_ \_ - \_ \_ \_ - \_ \_ \_ Liability Insurance: **(Copy Required)**

Other Towns Licensed in: \_\_\_\_\_

#### **Number and Types of Equipment, their gallonage capacity:**

_____	_____	_____
Number	Type	Gallonage

_____	_____	_____
Number	Type	Gallonage

_____	_____	_____
Number	Type	Gallonage

#### **Areas from which septage will be accepted (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 by the Board in writing as an amendment to this permit.

#### **Certification**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_