

FEE: See Fee Schedule  
Expires: Annually on December 31<sup>st</sup>

## COMMONWEALTH of MASSACHUSETTS

Town of Montague

### **Application for a 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:	_____
Federal ID # / SS #	_____

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 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.

Date signed: \_\_\_\_\_

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