Commonwealth of Massachusetts

Berkley, Massachusetts
1 North Main Street
Berkley, MA 02779
boardofhealth@berkleyma.gov

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: _____