



Town of Blackstone

BOARD OF HEALTH

15 St. Paul Street

Blackstone, Massachusetts 01504

Tel: 508.876.5130 or 508.876.5129

Fax: (508) 883-6335

Kevin J. Ryan
Chairman

PERMIT # _____

DATE: _____

In accordance with MGL c. 111, Section 31B, and 310 CMR 15.502 (Title 5), the undersigned makes application to the Board of Health or approving authority for permission to remove and transport septage and the content of privies, cesspools, septic tanks and tight tanks as set forth below:

APPLICATION FOR SEPTAGE HAULER PERMIT

FEES: \$300.00 PER TRUCK (Checks made payable to the Town of Blackstone)

APPLICATION FEES ARE NON-REFUNDABLE

Name of Company: _____

Company Address: _____

Contact Person: _____

Phone Number: _____ Social Security #: _____

Or

Federal ID#: _____

Number and types of equipment and their gallon capacity:

_____	_____	_____
Number	Type	Gallonage

_____	_____	_____
Number	Type	Gallonage

List all locations where septage will be disposed of (include a copy of the contract or the approval for use of the disposal location):

Please also include the following information or attachments with your application:

*Certificate of Insurance (Auto and Liability)

*Copy of Vehicle(s) Active Registration

*Vehicles must be Inspected by BOH

*Attach list that includes:

*Plate & Reg. Number(s)

*Date of State Inspection

Certification:

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.

Signature of Applicant: _____

Date: _____