



Town of Norfolk

Board of Health

1 Liberty Lane
Norfolk, MA 02056

Fee: \$100/truck

Fee	Approved
License/Permit No.	

APPLICATION FOR A SEPTAGE HAULER PERMIT

In accordance with M.G.L. C. 111 sec. 31B and 310 CMR 15.500 through 15.505 the undersigned makes application to the Board of Health for permission to remove and transport septage and the contents of privies and cesspools as set forth below.

COMPANY NAME AND LOCATION

Company Name:		Telephone ()
Location Address:		Email:
Mailing Address: Street number and name	City	State and Zip Code

OWNER OF BUSINESS

Full Name	Telephone ()
Sole Proprietor _____ Partnership _____ Trust _____ Corporation _____	

If corporation or partnership give names, titles, and home addresses of officers.

1.
2.
3.

TRUCK INFORMATION Use back if necessary.

Truck Registration Number	State	Capacity in gallons

(OVER)

NAMES AND ADDRESSES OF DISPOSAL SITES THAT YOU WILL USE. Attach copy of contract or approval

1.
2.
3.

I certify the information I have provided above is true and accurate. I recognize it is a violation of this permit to dispose of septage anywhere other than the identified disposal locations or others approved by the Board of Health in writing as an amendment to this permit. Pursuant to M.G.L. Ch. 62C sec. 49A, I certify under penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Date Signed	Signature of Individual
Social Security No. or Tax Identification Number:	
If applicable, Corporate Name	Signature of corporate officer
	Title

***** Attach copy of proof of workmen's compensation insurance.**

Septage Hauler Application.DOC Rev. Nov. 1995