



**BOARD OF HEALTH 50 The Common Phillipston MA 01331**  
**Tel/Fax 978-249-1735**

**Application for Septage Hauler Permit**  
**Commonwealth of Massachusetts**  
**Fee: \$100.00**

*In accordance with M. G. L. c 111, Section 31B and 310 CMR 15.402 (Title 5) the undersigned makes application to the Phillipston Board of Health for permission to remove and transport septage and the contents of privies and cesspools as set forth below:*

Name of Applicant\_\_\_\_\_

Business Name\_\_\_\_\_

Address\_\_\_\_\_Telephone Number\_\_\_\_\_

List number and types of equipment and their gallonage capacity:

\_\_\_\_\_  
\_\_\_\_\_

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 of the Board in writing as an amendment to this permit.*

\_\_\_\_\_  
Date

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

*I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes as required under law.*

\_\_\_\_\_  
Signature of Individual

\_\_\_\_\_  
By: Corporate Officer

**\*\*Social Security # Voluntary or Federal Identification Number**

**\*This license will not be issued unless this certification clause is signed by applicant.**

**\*\*Your social security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Massachusetts General Law, Chapter 62C, Section 49A.**