



TOWN OF MEDFIELD

Board of Health

TOWN HOUSE
459 MAIN STREET
MEDFIELD, MASSACHUSETTS 02052
Tel: 508-906-3006 Fax: 508-359-6182

Application for Septage Hauler's Permit

The undersigned hereby applies for a SEPTAGE HAULERS PERMIT to pump and/or transport the contents of an individual sewage disposal system in accordance with MGL c 111, Section 31B and CMR 15.402 (Title 5). In applying for this permit, I hereby agree to comply with the State Environmental Code, Title 5, and the Rules and Regulations of the Town of Medfield, Board of Health and the Water & Sewage Board.

APPLICANT: _____ CELL PHONE: _____

BUSINESS NAME: _____

ADDRESS: _____

OFFICE PHONE: _____ OFFICE FAX: _____

EMAIL ADDRESS: _____

VEHICLE # 1 (attach sheet if more than one vehicle is being permitted) FEE: \$100.00 per vehicle

Make / Type / Year: _____

Registration No: _____ Capacity: _____ gallons

Will Medfield WWTP be used for disposal? Yes / No. (if no, where will disposal site be?)

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 location(s) or others approved by the Board in writing as an amendment to this permit.

APPLICANT _____ Date: _____
(signature)

(over)

The Medfield Board of Health approves this application to haul septage. This permit expires on December 31st of the year permitted. All transport must be in accordance with 310 CMR 15.500-15.505 and applicable local regulations. A copy of this permit shall be kept in every vehicle in which the permittee carries septage over the roads of the Commonwealth of Massachusetts.

A permit is hereby granted to the above named company to pump and/or transport the contents of an individual sewage disposal system as provided above.

APPROVING AUTHORITY:

MEDFIELD BOARD OF HEALTH

by,

_____ Date: _____
Its Health Agent