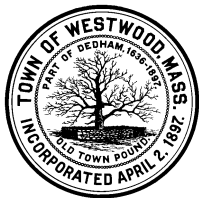


Town of Westwood

Commonwealth of Massachusetts

BOARD OF HEALTH



APPLICATION FOR SEPTAGE HAULER PERMIT

Fee: \$100.00 Per Truck

In accordance with M.G.L. Chapter 111, s. 31B and 310 CMR 15.402 (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 of Applicant _____

Business Name & Actual Physical Address _____

Mailing Address _____

Business Telephone _____ **Fax** _____

Email Address: _____

List make, model and registration number of each truck and include gallonage capacity

Make and Model of Truck	Registration Number	Gallonage
1		
2		
3		

List the location where the 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 of Health in writing as an amendment to this permit.

Signature of Applicant _____ **Date** _____

Permit Fees are non-refundable

Carby Street Municipal Office Building - 50 Carby Street – Westwood, MA 02090

☎ 781 320-1026/1027-Fax. 781 461-6838