



# TOWN OF DUXBURY

BOARD OF HEALTH  
TOWN OFFICES  
878 TREMONT STREET  
DUXBURY, MASSACHUSETTS 02332-4499

Telephone (781) 934-1100

**APPLICATION FOR SEPTAGE HAULER'S PERMIT**  
**TITLE V 310 CMR 15.502**  
**\$255.00 FIRST TRUCK**  
**\*\*\$25.00 FOR EACH ADDITIONAL TRUCK\*\***

In accordance with M.G.L. c.III, Section 31B and 310 CMR 15.402 (Title 5) the undersigned makes application to the Board of Health for permission to remove and transport contents taken from Septic Tanks, Grease Traps/Tanks, Privies, Cesspools and other sewage waste receptacles as set forth below:

**THIS DOES NOT INCLUDE ANY MATERIAL WHICH IS HAZARDOUS WASTE.**

1. **Name of Business:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Town:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
\_\_\_\_\_  
**Zip:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_
2. **Is the business a corporation?** \_\_\_\_\_ **If yes, please provide the following information:**  
**Date of Articles of Organization filed:** \_\_\_\_\_  
**Name & Address of President and Treasurer:**  

<u>Name</u>	<u>Address</u>
<b>President:</b> _____	_____
<b>Treasurer:</b> _____	_____

**If no, please list name & address of principal owner:**  
**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Company with which liability insurance is carried:**  
\_\_\_\_\_  
**PLEASE ATTACH COPY OF POLICY**



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3. List each truck with its Reg. Number and capacity:

<u>Truck</u>	<u>Reg. Number</u>	<u>Capacity (gal.)</u>
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4. List each driver and the class of license that they hold:

<u>Name of Driver</u>	<u>Class of License</u>
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5. Do you use a temporary holding tank? Where is it located? \_\_\_\_\_

**Please attach a copy of the required letter of approval from DEP and the local Board of Health in the town in which the tank is located.**

6. List all locations from which septage will be accepted (and append customer list).
7. List all locations at which septage will be disposed of. (Include a copy of the contract or the approval for use of each disposal location from the authority responsible for it.)
8. Do you have Septage Hauler's Permits from other towns? \_\_\_\_\_

Town of Duxbury

Disposal Site

_____
_____
_____

Email \_\_\_\_\_



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9. This application is not complete unless the signatures required below are completed

Person filing application: \_\_\_\_\_

Date application filed: \_\_\_\_\_

I understand that compliance with all provisions of Title 5 of the State Sanitary Code, as it relates to Septage Hauler's Permits; with the Rules, Regulations, and Procedures of the Marshfield Wastewater Treatment Facility; and with all Rules, Regulations, Procedures, and Policies of the Board of Health of both the town of Marshfield and the town of Duxbury is a condition of a Septage Hauler's Permit from the Duxbury Board of Health.

I understand that violation of any of the above may result in suspension or revocation of my Septage Hauler's Permit issued by the Duxbury Board of Health.

Name: \_\_\_\_\_

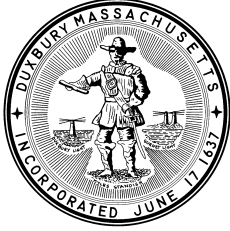
(Print Clearly)

Signature: \_\_\_\_\_

Position: \_\_\_\_\_

Name of Company: \_\_\_\_\_

\_\_\_\_\_



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## MASSACHUSETTS DEPARTMENT OF REVENUE

### REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION

**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 required under law.**

\_\_\_\_\_  
**\*Signature of Individual or Corporate**

\_\_\_\_\_  
**SS# or Federal I. D. Number**

\_\_\_\_\_  
**By: Corporate Officer**  
**(Mandatory, if Applicable)**

\_\_\_\_\_  
**Date**

- **This license will not be issued unless this certification clause is signed by the 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 M.G.L. Chapter 62C, Section 49A.**