



Town of Rochester
Board of Health
37 Marion Road, Rochester MA 02770
Phone: 508-763-5421 Fax: 508-763-5379

**APPLICATION FOR A PERMIT FOR THE REMOVAL, TRANSPORT AND
DISPOSAL OF SEPTAGE, GARBAGE, OFFAL OR OTHER OFFENSIVE
SUBSTANCES**

Name of Business: _____

Address of Business: _____

Telephone Number: _____ Carphone Number: _____

Name & Title of Applicant: _____

SSN# _____ FID# _____ EIN# _____

FEDERAL IDENTIFICATION NUMBERS

In accordance with Section 31B, Chapter 111 MGL, and Title V 310 CMR 15.402, I/we make application to the Board of Health for permission to remove and transport septage and the contents of septic tanks and cesspools as noted in this application.

PAYMENT DUE WITH COMPLETED APPLICATION - \$100.00 PER REGISTERED TRUCK

Insurance Certificate is required and must be attached to this application.

Number of vehicles to be placed under this permit: _____

| Registration # | License # | Capacity |
|----------------|-----------|----------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Location where waste material is to be disposed:

(Include a copy of the contract or approval for use of the disposal location)

See other side for signature