



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: _____ Cell phone 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

\$200.00 PER REGISTERED TRUCK – COMMERCIAL HAULERS – GARBAGE

\$150.00 PER REGISTERED TRUCK – OFFAL HAULERS

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

I certify that the information I have provided is true and accurate. I recognize that it is a violation of this permit to dispose of septage or offal anywhere other than the identified disposal location or others approved by the Rochester Board of Health, in writing, as an amendment to this permit.

Pursuant to Section 49A, Chapter 62C, MGL, I certify under penalties of perjury, that I, to the

best of my knowledge and belief, have filed and paid all State tax returns and taxes required under the State law.

Signature of Applicant: _____

Date Signed: _____