



# TOWN OF ROCHESTER

## Board of Health

37 Marion Road

Rochester, MA 02770

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Public Health Nurse

Karen A. Walega  
MPH, CHO, RS  
Health Director

### APPLICATION FOR SEPTIC HAULER'S PERMIT

Removal, Transport, and Disposal of septage, offal, and other offensive substances

FEE: \$200.00 Annual Fee

EXPIRES: DECEMBER 31<sup>ST</sup> ANNUALLY

Application is hereby made for a permit to engage in the removal and/or transportation of the contents of septic systems, grease tanks, holding tanks, or other offensive substances in accordance with the provisions of section 31A, of Chapter 111, of the general Laws of Massachusetts and Title 5, 310 CMR 15.351 and 314 CMR 18.00, of the State Environmental Code, and the Town of Rochester Regulations, in addition to Title V.

**PLEASE PRINT**

**FEE: \$200.00 PER TRUCK**

NAME OF COMPANY: \_\_\_\_\_ Telephone: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

MAILING ADDRESS: (IF DIFFERENT) \_\_\_\_\_

NAME OF OWNER/APPLICANT: \_\_\_\_\_

ADDRESS OF OWNER/APPLICANT: \_\_\_\_\_

SSN: \_\_\_\_\_ FID# \_\_\_\_\_ EIN# \_\_\_\_\_

Email address: \_\_\_\_\_ cell phone: \_\_\_\_\_

	Registration # of vehicle	License #	Capacity of vehicle
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Location(s) where waste materials are to be disposed: \_\_\_\_\_

(Attach copy of contract or approval for use of the disposal location, and Insurance certificate)

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Office Use Only</b>		
<b>Payment:</b>	<b>Permit #:</b>	<b>Approved/Date:</b>