



TOWN OF NORWOOD BOARD OF HEALTH

Commonwealth of Massachusetts



Public Health
Prevent. Promote. Protect.

APPLICATION FOR SEPTAGE HAULER PERMIT

Fee: \$100.00

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 septage and the content of privies and cesspools as set forth below:

Name of Applicant: _____

Business Name: & Address _____

Federal ID #/ Social Security # _____ **Telephone Number:** _____

**List number and types of equipment, their gallonage capacity, and date of vehicle inspection:
(Add additional pages if needed.)**

List areas where septage will be accepted from (and append customer list):

List all locations where 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 that 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 of the Board in writing as an amendment to this permit.

Date: _____

Signature of Applicant: _____