

Community Name
SEPTAGE HAULER PERMIT APPLICATION_{CIS}

No person may remove or transport septage or the contents of privies, portable toilets or cesspools without a current Board of Health (BOH) permit in accordance with the Massachusetts Environmental Code 310 CMR 15.500 -15.502.

Annual Annual Portable Toilet Application Single Event Portable Toilet Application Revised Application

BUSINESS CONTACT INFORMATION

Note: Any change in ownership or operations requires a new permit application and filing fee. *Required Information.

*Applicant/Requester		*Property Owner	
*Business Name		*Site Address	
*Mailing Address		Assessor Map/Lot #	
*Phone Fax		*24/7 Contact Person	
*E-mail		*24/7 Phone	

SEPTAGE HAULING SERVICES

Note: Each portable toilet must have hand sanitizer. Except for construction sites, there must be at least 1 ADA compliant toilet or 5% at each cluster/location in compliance with 521 CMR 30.00: **PUBLIC TOILET ROOMS** and access to at least 1 sink for every 5 toilets. Check all that apply.

<input type="checkbox"/> *Septage Hauling, Tank Pumping, Filter Clean.	Note: Covers all types of septage/grease trap pumping, hauling, maintenance	
<input type="checkbox"/> Portable Toilets	Note: Suitable for private parties, emergency services and construction sites	

PUMPER QUALIFICATIONS

<input type="checkbox"/> *I hereby apply for a permit to haul septage and attest to the accuracy of the following information:
<input type="checkbox"/> *I am familiar with the requirements of Title 5 of the State Environmental Code regarding the transportation of septage/effluent.
<input type="checkbox"/> *I have the appropriate equipment and skills needed for remove and transport septage.
<input type="checkbox"/> *All septage will be disposed of at a certified, regulated sewer plant as required by law.
<input type="checkbox"/> *My company will not undertake repairs to any septic system without first contacting the Board of Health and obtaining a permit if required.
<input type="checkbox"/> *My company will submit all pumping reports, including those for grease traps, on the required form within 45 days.
<input type="checkbox"/> *My company will immediately report any observed septage breakouts or other potential septic system failure to the Board of Health.
<input type="checkbox"/> *My company will inspect the outlet baffle during a pumping operation and clean any outlet filter installed in the septic tank.
<input type="checkbox"/> Other Qualifications and Certifications. Describe and Attach Information:

SEPTAGE DISPOSAL

<input type="checkbox"/> *Septage Disposal		Town/City		Telephone	
<input type="checkbox"/> Septage Disposal		Town/City		Telephone	

EQUIPMENT

	Vehicle Name	Make/Model	Year	Size in Gallons	Plate #	Logo on Vehicle	Inspection Date
<input type="checkbox"/> *Equipment #1:							
<input type="checkbox"/> Equipment #2:							

FEES

1. Basic Fee must accompany application and is not refundable or transferrable. **Call for current Fee Schedule.**
2. All permits expire December 31 unless otherwise stated and must be renewed at least 60 days before expiring or the start of operations.
3. Applications received after December 1 or less than 60 days before starting operations will be charged a late fee of \$50 for each week late.

<input type="checkbox"/> *Basic Fee	\$ 100	<input type="checkbox"/> Late Fee	\$50
<input type="checkbox"/> Additional Fees	\$	<input type="checkbox"/> Total Fee Paid	\$ _

AGREEMENT

- *I affirm that I will comply with all state and local codes and allow the Board of Health access for inspections as required by law.
- *By checking this box and signing this application I certify that I comply with M.G.L c. 152, s.25(c), Workman's Comp Laws
- *I affirm that before updating or making changes to my facility, staff or operations; I will obtain permission and inspections from the Health, Building and Fire Departments as required by law.
- *By submitting this application, I certify under pains and penalties of perjury pursuant to MGL Ch. 62, sec. 49A that to the best of my knowledge and belief all state tax returns have been filed and all state taxes paid as required by law.

SIGNATURE

*I affirm and certify that the information provided is true, I am 18, the owner of the establishment referenced in this application or an authorized representative/agent with authority to apply for this permit and grant the Board of Health access for inspections as allowed by law.

Name/Title	*Date of Application:
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