



# TOWN OF HALIFAX COMMONWEALTH OF MASSACHUSETTS

## Board of Health

499 Plymouth Street, Halifax, MA 02338  
Telephone (781)293-6768 \* Fax (781)293-1738

### Application for Septage Hauler Permit

In accordance with MGL c. 111, Section 31B, and 310 CMR 15.502 (Title 5), the undersigned makes application to the Board of Health or approving authority for permission to remove and transport Septage and the content of privies and cesspools as set forth below:

Applications received after the December 31<sup>st</sup> deadline, fees will be **doubled in amount**. Failure to pay late fees will result in non-renewal of permit.

Company/Corporate Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Name of Responsible Person: \_\_\_\_\_

Mailing Address: (if different from above) \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please be sure to send **all required** documents to be permitted in the town of Halifax, they are as follows:

- A completed, dated and signed permit application.
- A copy of **Liability Insurance Certificate**.
  - This is a requirement for the Halifax Board of Health to issue a permit.
- A copy of **Workers Compensation Insurance Certificate**.
- A **Workers Compensation Insurance Affidavit**.
- Annual fee in the amount of **\$150.00** made out to the Town of Halifax.

Please return to:

Town of Halifax  
Board of Health  
499 Plymouth St.  
Halifax, MA 02338

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**Number and Types of Equipment and their gallon capacity:**

_____ Number	_____ Type	_____ Gallonage
_____ Number	_____ Type	_____ Gallonage
_____ Number	_____ Type	_____ Gallonage
_____ Number	_____ Type	_____ Gallonage

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**List all locations where septage will be disposed of:** (Attach list if necessary)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**Certification:**

- I certify that the information 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 by the Board in writing as an amendment to this permit.
- I certify that I have read the Workers Compensation Insurance Affidavit and Liability Insurance Certificate statements above.

\_\_\_\_\_  
**X** Signature of Applicant:

\_\_\_\_\_  
Date: