

Number: \_\_\_\_\_

Fee: **\$100.00**

**Newbury Board of Health**  
Town Hall – 25 High Road  
Newbury, MA 01951  
(978) 465-0862 ext. 315

## **APPLICATION FOR SEPTAGE HAULER PERMIT**

*In accordance with Massachusetts Environmental Code 310 CMR 15.500-15.502 (Title5)  
the undersigned makes application to the Newbury Board of Health for permission to remove and  
transport septage and the contents of privies and cesspools as set forth below:*

Establishment Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Site Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

### **Owner's Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

### **List the number and types of equipment and their capacity:**

\_\_\_\_\_ Gallons \_\_\_\_\_  
\_\_\_\_\_ Gallons \_\_\_\_\_

### **List areas from where septage will be accepted (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 treatment works location):**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ will provide the Board of Health the name and  
address of each Disposal site used during the calendar year together with fees paid  
for the disposal of septage originating in the Town of Newbury.

*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 other locations approved by the  
Board in writing as an amendment to this permit.*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Approved By

Date