



Commonwealth of Massachusetts  
Town of Dighton  
**Application for Septage Hauler Permit**  
Form 5

Fee of \$125.00 Per Truck

Expires on 12/31 of calendar year

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:

**Applicant Information:**

Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

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

City / Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Number \_\_\_\_\_ Cell Number \_\_\_\_\_ Email \_\_\_\_\_

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

Plate Number _____	Type _____	Gallorage _____
Plate Number _____	Type _____	Gallorage _____
Plate Number _____	Type _____	Gallorage _____

**Areas from which septage will be accepted (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):**

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

**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 have attached a copy of my most current certificate of insurance and will submit a new one once it expires.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_