



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	Gallonage
Plate Number	Type	Gallonage
Plate Number	Type	Gallonage

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