



**TOWN OF MERRIMAC**  
**BOARD OF HEALTH**  
2 School Street, Merrimac, MA 01860  
Tel: 978-346-4066 Fax: 978-346-0527

**Annual Fee: \$50.00**  
Payable to Town of Merrimac

**APPLICATION FOR SEPTAGE HAULER LICENSE**

I hereby apply for a Septage Hauler Permit in accordance with MGL c. 111, Section 31B, and 310 CMR 15.402 (Title 5), the State Environmental Code and the Regulations of the Board of Health, for permission to remove and transport septage and the content of privies and cesspools as set forth below.

Name of Applicant \_\_\_\_\_ Phone: \_\_\_\_\_

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

Business Name \_\_\_\_\_ Phone: \_\_\_\_\_

Business Address \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

List number and types of equipment and their gallonage capacity and date of vehicle inspection:

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

List all locations where septage will be disposed of. (Include a copy of the contract or the approval for use of the disposal location.)

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

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 of the Board in writing as an amendment to this permit.

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

UNDER THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS, CHAPTER 233, SECTION 35, ACTS OF 1983, YOU ARE REQUIRED TO COMPLETE THE FOLLOWING:

Pursuant to MGL Chapter 62C, Section 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all taxes required under law.

\_\_\_\_\_  
SSN or Federal Identification Number

\_\_\_\_\_  
Individual Signature or Corporate Name

\_\_\_\_\_  
Signature of Corporate Officer (if applicable)

**License expires December 31.**

Rev. 05-01-07