

TOWN OF PLYMOUTH

Board of Health

508-747-1620

Septage Hauler License May 1st through April 30th Annually

FEE: \$200.00 per vehicle

MAKE CHECK PAYABLE TO: Town of Plymouth

RETURN TO: Health Dept., 11 Lincoln St., Plymouth, MA 02360

Application for Septage Hauler Permit

In accordance with M.G.L. c. 111, Section 31B and 310 CMR 14.402 (Title 5) the undersigned makes application to the Board of Health for permission to remove and transport septage and the content of privies and cesspools as set forth below:

Business Name _____

Business Address _____

Mailing Address _____

Business Phone _____

Number of Vehicles _____

Registration Numbers: (Please Enclose Copies)

Truck Type and Gallonage Capacity:

List all locations where septage will be disposed of (Name of Towns):

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.

Name of Applicant

Signature

FOR OFFICE USE ONLY:

MUNIS NUMBER: _____ ACCESS: _____ LICENSE MAILED: _____

PROOF OF INSURANCE: _____