

TOWN OF RAYNHAM Selectmen and Board of Health 558 South Main Street Raynham, MA 02767 Tel: 508-824-2766 Fax: 508-824-1540

## Commonwealth of Massachusetts Application for Septage Hauler

Fee: \$150.00

In accordance with MGL c. 111, Section 31B, and 310 CMR 15.502 (Title V), 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**

ompany Name	
oplicant Name	
ddress	
-mail:	
hone Number	
ailing Address	

Number and Types of Equipment and their gallon capacity:

Number	Туре	Gallonage
Number	Туре	Gallonage
Number	Туре	Gallonage

## **Application for Septage Hauler**

\*\*Areas from which septage will be accepted (append customer list):\_\_\_\_\_

Location of final disposal of septage: \_\_\_\_\_

## 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.

Signature of Applicant

Date

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

Social Security Number or Federal ID:

Signature of Individual or Corporate Name:\_\_\_\_\_\_ Please Note: SSN or FID numbers shall be redacted if this application is included in a FOI Request

\*\*New Applications must include three references from other communities' Boards of Health.