



TYNGSBOROUGH BOARD OF HEALTH

25 Bryants Lane
Tyngsborough, MA 01879
978-649-2300 x 118
978-649-2301 (FAX)

SEPTAGE HAULER PERMIT APPLICATION

Fee: \$150.00

APPLICANT INFORMATION:

NAME: _____ **PHONE:** _____

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

NUMBER AND TYPES OF EQUIPMENT AND THEIR GALLON CAPACITY:

Number	Type	Gallon
_____	_____	_____
_____	_____	_____
_____	_____	_____

AREAS FROM WHICH SEPTAGE WILL BE ACCEPTED (Attach separate customer list if necessary)

List all locations where septage will be disposed of: _____

PROOF OF INSURANCE MUST BE SUBMITTED WITH THIS APPLICATION.

HAULERS MUST PROVIDE COPIES OF PUMPING RECORDS MONTHLY.

Total Payment Due With Application: \$150.00 (Please make check or money order payable to Town of Tyngsborough)

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 of Health in writing as an amendment to this permit. I certify under penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid state taxes required under law pursuant to MGL Ch. 62C, sec. 49A.

Signature: _____

Date: _____

Print Name: _____