



THE COMMONWEALTH OF MASSACHUSETTS
Town of Hanover
APPLICATION FOR A SEPTIC HAULER PERMIT

Date: _____, _____

Fee: \$100.00

*Permit Number: SP-*_____

In accordance with M.G.L. c 111, Section 31B and 310 CMR 15.402 (Title 5) the undersigned makes application to the Board of Health for permission to remove and transport septage and the contents of privies and cesspools as set forth below:

Name of Applicant: _____

Address: _____

Telephone: _____

List number and type of equipment and their gallonage capacity:

List areas where septage will be accepted from (and append customer list):

List all location 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 location or others approved of the Board in writing as an amendment to this permit.

Date: _____ *Signature of Applicant:* _____

Tel: _____