



**ROCKPORT**  
**BOARD OF HEALTH**  
**34 Broadway - Rockport, MA 01966**  
**Phone: 978-546-3701 Fax: 978-546-5013**

**APPLICATION FOR SEPTAGE HAULER PERMIT**

In accordance with M.G.L., Chapter 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 content of privies and cesspools as set forth below:

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

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

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

Telephone Number: \_\_\_\_\_

List number and types of equipment, their gallonage capacity, and data of vehicle inspection:  
(add additional pages if needed)

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

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

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

List all locations where septage will be disposed (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 by the Board in writing as an amendment to this permit.

Note: Local regulation adopted January 19, 1999 states that septage haulers must file a pumping report with the Board of Health within 30 days of pumping activity.

\_\_\_\_ Fee \$75.00 per truck payable to Town of Rockport

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