

**FEE: \$ 75.00
PER VEHICLE**

**COMMONWEALTH OF MASSACHUSETTS
Town of Norton
Board of Health
Application for Septage/Grease Hauler Permit**

This Application Must Be Filled Out Completely

In Accordance with M.G.L. Chapter 111, Section 31B and 310 CMR 15.351 (Title 5) the undersigned makes application to the Board of Health for permission to remove and transport septage/grease and the contents of privies as set forth below:

OWNERS NAME: _____

OWNERS PHONE: _____

COMPANY NAME: _____

COMPANY ADDRESS: _____

MAILING ADDRESS (IF DIFFERENT): _____

COMPANY PHONE: _____

SOCIAL SECURITY # OR F. I. D. #: _____

EACH VEHICLE MUST BE LISTED

	Vehicle Registration #	Gallon Capacity	Vehicle Type

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/grease anywhere other than authorized septage treatment facilities. I also recognize that under 310 CMR 15.351, I am required to submit a report of systems pumped to the Norton Board of Health. Norton Board of Health requires all pumping records be submitted the first week following each month.

Date

Signature