



BOARD OF HEALTH
CHARLES E. SHEPARD MUNICIPAL BUILDING

48 High Street • P.O. Box 478 • Warren MA 01083 • Tel. 413- 436-5701 ext:112



Public Health
Prevent. Promote. Protect.

Septage Hauler Permit Application

Date: _____

Company Name: _____

Address: _____

Town _____ State _____ Zip _____

Phone _____ Contact Person _____

Hours of Operation _____ Fax number _____

The Town of Warren requires Private Septage Haulers, who conduct business in Warren, MA must obtain a permit to do so. Please include a check made out to the Town of Warren in the amount of \$200.00 (Two Hundred Dollars), and proof of liability insurance. If you have any questions, please do not hesitate to call us at 413-436-5708 ext. 112.

It is required that you send us a copy/record of each septic that is pumped and hauled to an end facility from our town. Failure to report these on a bi-monthly basis shall constitute a violation and your permit may be revoked. It is your responsibility to send these reports to us.
Mail to: Warren BOH, PO Box 478, Warren, MA 01083.

To be completed by Board of Health:

Permit #: _____ Year: _____ Expires: _____
Fee: _____ Paid by: Check# _____ or Cash _____

****Please attach the state Form5 with additional information****

Town of Warren, MA is an Equal Opportunity Employer



Commonwealth of Massachusetts
 City/Town of Warren
Application for Septage Hauler Permit
 Form 5

\$200.00
 Fee

Expires (close of year issued)

DEP has provided this form for use by local Boards of Health if they choose to do so. Before using the form, check with your local Board of Health to make sure that they will accept it.

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.

In accordance with MGL c. 111, Section 31B, and 310 CMR 15.502 (Title 5), 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:

Name

Company Name

Address

City/Town State Zip Code

Telephone Number

Number and Types of Equipment and their gallon capacity:

Number	Type	Gallonage
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

List all locations where septage will be disposed of (include a copy of the contract or the approval for use of the disposal location):

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