



Town of Franklin

HEALTH DEPARTMENT

355 East Central Street

Franklin, Massachusetts 02038-1352

p. 508-520-4905 f. 508-520-4989

NEW: Y or N
RENEWAL: Y or N
CALENDAR YEAR: _____
FEE AMOUNT: \$65.00

APPLICATION FOR SEPTAGE HAULER PERMIT

In accordance with M.G.L. c. III, 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: _____

List of vehicles used for septage hauling:

Year	Make	Registration #	State
Year	Make	Registration #	State

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

PUMPING RECORDS MUST BE SUBMITTED TO THE HEALTH DEPARTMENT MONTHLY

I certify that the information that 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 of the Board in writing as an amendment to this permit.

Date: _____ Signature of Applicant: _____



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I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

*Signature of Individual or Corporate Name (Mandatory)

**Social Security or Federal Identification Number

**This license or permit will not be issued unless this certification clause is signed by applicant.*

***Your social security number may be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c.62C s.49A.*