



TOWN OF WESTPORT
WESTPORT, MASSACHUSETTS 02790

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OFFICE OF BOARD OF HEALTH
856 MAIN ROAD

Application for Septage Hauler Permit

In accordance with M.G.L. c. 111, § 31A and 310 CMR 15.502, the undersigned makes application to the Board of Health for permission to remove and transport septage from various types of septic systems, their components and the content of privies within the Town:

Name of Applicant: _____

Business Name: _____

Business Address: _____

Mailing Address: _____

Tel & Fax No.: _____

E-Mail Address: _____

List number and types of equipment, their gallon capacity, and date of vehicle inspection:

List all locations where septage will be disposed of (include a copy of the permit from the city/town, contract, or another form of approval for use of the disposal location).

Pursuant to M.G.L. Ch. 62C sec. 49A, 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.

Federal Identification Number

A monthly report listing all Westport locations where septage has been pumped for that month must be submitted to the Westport Board of Health Office. _____ **(Please initial).** *The list must include Property Owner's Full Name, Address, Gallons, Date, Reason for Pumping and what Compenant was pumped.*
(PORT-A-JONS COMPANIES ARE EXEMPT)

PORT-A-JONS COMPANIES MUST VERIFY THAT THE CUSTOMER HAS OBTAINED THE APPROPRIATE PERMIT FROM THE WESTPORT BOARD OF HEALTH PRIOR TO BRINGING THE UNIT(S) TO THE SITE.
_____ **(Please initial)**

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 of the Board in writing as an amendment to permit.

Signature of Applicant

Date