



# TOWN OF MILLIS

## OFFICE OF THE BOARD OF HEALTH

900 Main Street #213 • Millis, MA 02054

Phone: 508-376-7042

Fax: 508-376-7053

**FEE:** \$100.00 for Permit & 1 Truck  
\$50.00 Each Add'l Truck

## Septic Hauler Application

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, State, and Zip Code: \_\_\_\_\_

Phone # \_\_\_\_\_ Fed ID # \_\_\_\_\_

### Number and Types of Equipment and their Gallon Capacity:

Number: \_\_\_\_\_ Type: \_\_\_\_\_ Gallons: \_\_\_\_\_

Number: \_\_\_\_\_ Type: \_\_\_\_\_ Gallons: \_\_\_\_\_

Number: \_\_\_\_\_ Type: \_\_\_\_\_ Gallons: \_\_\_\_\_

### 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 of the approval of 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 the 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: \_\_\_\_\_