

Tewksbury Health Department
Town Hall
1009 Main Street
Tewksbury MA 01876
Telephone: 978-640-4470

Fax: 978-640-4472

health@teewksbury-ma.gov

Fee: \$75.00 (per vehicle)	Expires: Dec 31
Amount Received	Date Paid:
Permit #:	Check #:

APPLICATION FOR SEPTAGE HAULER PERMIT

Company Information:

Facility's Name:	Telephone:		
	Email:		
Address:	City:	State:	Zip Code:

Applicant Information:

Facility's Name:	Telephone:		
	Email:		
Address:	City:	State:	Zip Code:

Equipment Information:

List number and type(s) of equipment (model, make and year):
Gallon capacity:

Vehicle Registration(s) [State & Number]:

Disposal Information:

List all locations where septage will be disposed (INCLUDE A COPY OF THE CONTRACT OR APPROVAL OF USE FOR THIS DISPOSAL LOCATION):
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IMPORTANT:

I understand that I shall comply with the Local, State and Federal Regulations and that the issuances of this permit in no way releases the applicant from other Regulatory agency's requirements.

Pursuant to MGL Ch. 62C section 49A, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all tax returns and paid all local and state taxes required under law.

Attach the following documents:

- "Workers Compensation Insurance Affidavit: General Business"
- Check – Made payable to "Town of Tewksbury"
- Insurance Binder with your company name and address included

Social Security or Tax ID Number: _____	
Signature of Applicant: _____	Date: _____