



Petersham Board of Health

3 South Main Street - P.O. Box 486 – Petersham, MA 01366
Office Hours – Monday 5:00 – 6:00 p.m.
978-724-0057 fax 978-724-3501

APPLICATION FOR PERMIT TO HAUL SEPTAGE IN THE TOWN OF PETERSHAM

Fee: \$150

I hereby apply for a permit to:

Haul septage in the Town of Petersham as required by MGL chapter III, Section 31A and 310 DMR 15.351 (Title V) of the General Laws of the Commonwealth of Massachusetts and the Rules and Regulations of the Petersham Board of Health.

Name of Applicant: _____

Business Name: _____

Address: _____

Telephone Number: _____ FAX _____

List the number and types of equipment and their capacity in gallons: _____

List geographic areas where septage will be accepted from and include a copy of contracts:

I certify that the information I have provided above is true and accurate and recognize that it is a violation of this permit to dispose of septage anywhere other than the certified disposal location(s)

Signature

Date