



**Town of Athol
BOARD OF HEALTH**

584 Main Street Athol, Massachusetts 01331

978-249-7934

978-249-0134 (Fax)

boh@townofathol.org



Public Health
Prevent. Promote. Protect.

Application for Septage Hauler Permit
Fee: \$100 Annually Payable to the Town of Athol

In accordance with M.G.L. Ch. 111, Sec. 31B, and 310 CMR 15.502 (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:

Date of Application: _____

Name of Applicant: _____

Business Name: _____

Business Address: _____

Telephone Number: _____ Email address: _____

What services do you offer (i.e. commercial pumping, residential pumping, grease trap pumping, portable johns):

List number and types of equipment and their gallon capacity:

Number	Type	Gallons
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Number	Type	Gallons
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List all locations where septage will be disposed:

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 other approved of by the Board of Health in writing as an amendment to this permit.

Signature of Applicant: _____

Date: _____

Federal ID # _____

NOTE: **SEND PUMPING RECORDS TO ATHOL BOARD OF HEALTH WITHIN
14 DAYS OF PUMPING A SEPTIC TANK, TIGHT TANK OR GREASE TRAP.**