



TOWN OF  
STONEHAM  
MASSACHUSETTS

Board of Health/Health Department  
Town Hall  
35 Central Street  
Stoneham Ma. 02180

781-279-2621  
Fax 781-279-2615

**FOR OFFICE USE ONLY: PAID: CHECK #** \_\_\_\_\_ **/CASH, IN THE AMOUNT OF** \_\_\_\_\_  
**ON** \_\_\_\_\_ **PERMIT NUMBER** \_\_\_\_\_  
**RECEIVED BY:** \_\_\_\_\_

APPLICATION FOR PERMIT TO REMOVE,  
TRANSPORT AND DISPOSE OF CESSPOOL AND  
SEPTIC TANK CONTENTS

FEE: \$ 30 PER VEHICLE

In accordance with M.G.L.c. 111, Section 31B and 310 CMR 15.402 (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, subject to the rules and regulations of the Board of Health.

Name of Applicant: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Vehicle Registration Number(s): \_\_\_\_\_

List areas where septage will be accepted from (and append customer list):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List all locations where septage will be disposed of (include a copy of the contract or the approval for use of the disposal location).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(OVER)

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 of Health, in writing, as an amendment to this permit.

To my best knowledge and belief, I have filed all tax returns and paid all taxes required under the State law and in doing so acknowledge that any taxes due the Town of

Stoneham shall be considered as being covered by the foregoing description as of the date of the signing of this document which is

\_\_\_\_\_ Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Corporate Officer's Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Federal Tax ID Number

**INCOMPLETE AND/OR UNSIGNED APPLICATIONS WILL BE RETURNED AND A LATE FEE WILL BE ASSESSED.**

**LATE FEE OF \$50.00 WILL BE ASSESSED IF APPLICATION IS RECEIVED AFTER JUNE 15.**