



City of Westfield, Massachusetts
HEALTH DEPARTMENT

APPLICATION FOR SEPTIC HAULERS LICENSE

FEE: \$75.00

In accordance with 310 CMR 15.500 through 15.505 the undersigned makes application to the Board of Health for permission to remove and transport septage and the content of privies, cesspools, septic tanks and tight tanks as set forth below:

Business Name: _____

Name of Owner: _____

Business Address _____

Bus. Telephone # _____ Cell Phone # _____

Fax # _____ E-Mail Address _____

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

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 in writing as an amendment to this permit.

Signature of Applicant

Date