



Gail Joseph  
Health Agent

# Town of Mattapoisett Board of Health

16 Main Street  
P.O. Box 434  
Mattapoisett, MA 02739

Carmelo Nicolosi  
Board Member

Russell Bailey  
Board Member

Kenneth Dawicki  
Board Member

## **2022 APPLICATION FOR SEPTIC HAULERS PERMIT**

*Removal, Transport, and dispose of septage and other offensive substances*

FEE: \$200.00 Annual fee

EXPIRES: DECEMBER 31<sup>ST</sup> ANNUALLY

**Applications must be received by December 20<sup>th</sup>.**

**IT IS YOUR RESPONSIBILITY ON A MONTHLY BASIS TO TURN IN  
SEPTIC/GREASE PUMPING REPORTS TO THE BOARD OF HEALTH.**

Applicant: \_\_\_\_\_

Company Name: \_\_\_\_\_

Federal ID # or Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Type of operation: \_\_\_\_\_

Email address: \_\_\_\_\_

Location or locations where waste materials are to be disposed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I agree to submit an **accurately and complete** Septic System Pumping Report for each sewage system pumped. I understand that failure to complete and submit this information to the wastewater treatment facility may result in revocation of my permit.

\_\_\_\_\_  
(Signature of applicant)

Date: \_\_\_\_\_