



**Town of Mattapoissett
Board of Health
16 Main St., P. O. Box 434
Mattapoissett, MA 02739
508-758-4100**

2017 APPLICATION FOR SEPTIC HAULERS PERMIT

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

FEE: \$200.00 Annual fee

EXPIRES: DECEMBER 31ST ANNUALLY

Applications must be received by December 20th.

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: _____