



*Town of East Brookfield,
Massachusetts*

BOARD OF HEALTH

122 Connie Mack Drive

East Brookfield, Massachusetts 01515

**SEPTAGE HAULER PERMIT APPLICATION
TOWN OF EAST BROOKFIELD
CALENDAR YEAR 2024**

SEPTAGE HAULER ANNUAL FEE: \$150.00

PERMIT NUMBER _____ CHECK # _____

HAULER NAME AND/OR DBA: _____

HAULER BUSINESS ADDRESS: _____

INSTALLER CELL PHONE NUMBER: _____

In accordance with M.G.L. c. III, s. 31B and 301CMR 15.402 Title 5), the undersigned makes application to the East Brookfield Board of Health for permission to remove and transport septage and the content of privies and cesspools as set forth below:

List number and types of equipment, their gallonage capacity, and the dates of vehicle inspection (Add additional pages if necessary): _____

List areas where septage will be accepted from and attach your customer list: _____

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

Septage Hauler Permits must be renewed yearly before January 1st of the effective calendar year.

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**BOARD OF HEALTH
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Please complete the following and send to the Board of Health to do business in East Brookfield:

- This signed and completed application with all attachments
- An affidavit of Workers' Compensation Insurance
- A Certificate of Liability Insurance
- **A check in the amount of \$150.00 from the Hauler, made payable to the Town of East Brookfield.**

Upon satisfactory completion and delivery of the above, an Annual permit will be issued and sent to you by mail or email.

My signature certifies that the information provided in this application is true and accurate. I recognize that it is a violation to dispose of septage anywhere other than the locations identified in this application, or others approved in writing by the East Brookfield Board of Health as an amendment to any issued permit by the Town BOH.

Applicant Signature: _____

Date: _____

FOR THE EAST BROOKFIELD BOARD OF HEALTH USE ONLY:

Approved By: _____ Title: _____

Date of Approval: _____

PERMIT #: _____

Permit Expiration Date: _____