



Town of Hubbardston
Board of Health
7 Main St. – Unit #2
Hubbardston, Massachusetts 01452
Telephone (978) 928-1400 Ext. 212
FAX (978) 928-4806

Septage Hauler Permit

Fee: \$200.00

Applicant: _____

d.b.a.: _____

Applicant's Address: _____

Applicant's Telephone: _____

Date: _____

The Hubbardston Board of Health approves this permit to haul septage and the contents of privies and cesspools. This permit expires December 31, 20__.

All transport must be in accordance with 310 CMR 15.500-15.505 and applicable local regulations. A copy of this permit shall be kept in every vehicle in which the Permittee carries septage over the roads of the Commonwealth.

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Pursuant to the provisions of M.G.L. Chapter 40, Section 578, certification that no debt is owed to the Town of Hubbardston by the applicant or the owner of record must be obtained from the Tax Collector prior to submitting form to the Board of Health.

Signature of Tax Collector: _____ Date _____

No Debt is Owed: ____ Debt is Owed: ____

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Approving Authority:

Chairman, Board of Health

Vice Chair, Board of Health

Member

Member

Member