Town of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

septic installer Permit applicationv4

*No person may remove, transport or dispose of garbage, offal or other offensive substances without a current Board of Health (BOH) permit in accordance with the M.G.L. c. 111, s 31A.*

|  |
| --- |
| Renewal Annual Application  New Annual Application  Revised Application |

# BUSINESS CONTACT INFORMATION

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Note: Any change in ownership or operations requires a new permit application and filing fee. | | | | | |
| \*Applicant/Requester |  | | \*Role/Title |  | |
| \*Business Name |  | | \*Site Address |  | |
| \*Mailing Address |  |  | \*E-mail |  |  |
| \*Business Phone |  |  | \*Emergency Phone |  | |

# Type of Wastes Transported

|  |  |  |  |
| --- | --- | --- | --- |
| Check all that apply. \*Must Check at least 1 box: | | | |
| Household  Food/Restaurant Recyclables  Compostable  Grease/Fats  Recyclables  Commercial  Industrial  Construction Debris  Dumpsters: Requires a permit if onsite more than 2 weeks.  Other: Describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Hazardous Waste | Includes paints, oil, pesticides, chemicals | Describe |  |
| Medical Waste | Waste from doctors, dentist, hospitals | Describe |  |
| Sharps/needles | Sharps are prohibited from household waste | Notice on Sharps Disposal options provided to customers | |
| \*Do you have a plan for customers who do not comply with the recycling laws? Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |

# Solid Waste Disposal sites

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Note: All waste disposal sites in Massachusetts must be approved by the Board of Health and the Department of Environmental Protection. Sites outside of Massachusetts must have local/state approvals as required by law. | | | | | |
| \*Approved Solid Waste Disposal Primary Site: |  | Town/City Address |  | Telephone Number |  |
| Approved Solid Waste Disposal Alternate Site: |  | Town/City Address |  | Telephone Number |  |

# Equipment

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Transport Vehicle Name | Make/Model | Year | Size in Yards | Plate # | Name/Logo on Vehicle | Vehicle Inspection Date |
| \*Equipment: |  |  |  |  |  |  |  |
| Equipment: |  |  |  |  |  |  |  |
| Equipment: |  |  |  |  |  |  |  |
| Fees (Payable to each town) **Peru: $100 Richmond: $50 Washington: $100 Windsor: $75** | | | | | | | |

# SIGNATURE Certification

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| By typing my name below and clicking on the certification boxes, I agree that I am submitting a signature for this application.  \*I affirm and certify that I am the owner of the company referenced in this application or an authorized representative/agent with authority to apply for this permit or witness/inspections and grant access for inspections as allowed by law.  \*I do hereby certify and affirm under the pains and penalties of perjury that I am over 18 years old, the information provided in this application is true and correct.   |  |  |  |  | | --- | --- | --- | --- | | \*Signature |  | \*Date of Application: |  | | \*Printed Name |  | \*Date of Application: |  | |