



Fee: \$ 50.00

Check # _____

Permit # _____

VALID THRU December 31, 20____

TOWN OF OAKHAM – Board of Health

2 Coldbrook Road
Unit # 8
Oakham, MA 01068

Tel: 508-882-5549 Ext 320
Voicemail is only regularly checked during scheduled BOH meetings

Fax: 508-882-3060 – not monitored (except for during scheduled BOH meetings)

Email: *preferred communication*

BOH@Oakham-MA.gov

usually answered within 24-48 hours (weekdays)

Website: <http://oakham-ma.gov/boards/health.cfm>

Septage Hauler Permit

In accordance with MGL c. 111, Section 31B, and 310 CMR 15.502 (Title 5), the undersigned makes application to the Board of Health or approving authority for permission to remove and transport septage and the content of privies and cesspools as set forth below:

Applicant Information:

Name

Company Name

Address

City/Town

State

Zip Code

Telephone Number

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

Certification

I certify that the information I have provided above is true and accurate. I recognize that it is a violation of this permit to dispose of septage anywhere other than the identified disposal locations or others approved by the Board in writing as an amendment to this permit.

Signature of Applicant

Date

Oakham Board of Health approves this application to haul septage and the content of privies and cesspools. This permit expires on the date set forth below. 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.

Approved by

Date