



TOWN OF HOPEDALE

Board of Health

78 Hopedale Street - P.O. Box 7
Hopedale, Massachusetts 01747
Tel: 508-634-2203 Ext. 222 Fax: 508-634-2200
hopeboh@comcast.net

Application for Septage Hauler Permit (Permits Expire Yearly on December 31st)

Non-Refundable Fee \$75.00 PER VEHICLE (Check made payable to the Town of Hopedale)

Date _____, 20_____

In accordance with M. G. L. c. 111, Section 31 B and 310 CMR 15.402 (Title V) the undersigned makes application to the Board of Health for permission to remove and transport septage and the contents of privies and cesspools as set forth below:

Please print:

Owner/Applicant Name

Company Name

Company's physical address

Company's mailing address

City/Town

State

Zip Code

Office Telephone Number

Cell Phone Number

Email Address

Name of Person Responsible for Daily Operations

Phone Number

Please check all that applies:

- Portable Toilets
- Portable Toilets/Pumping of Septage Systems
- Pumping of Septage Systems

Vehicle Information that will be used in the Town of Hopedale:

(Attach additional sheet if necessary)

_____ Vehicle Registration Number	_____ Plate Number	_____ Type of Equipment	_____ Capacity of Truck
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Please attach the following with your completed application:

1. Certificate of Insurance for Workers' Compensation with the Hopedale Board of Health listed as a Certificate Holder (**emailed directly from your insurance company**)
2. Certificate of Insurance for Liability with the Hopedale Board of Health listed as a Certificate Holder (**emailed directly from your insurance company**)
3. Workers' Compensation Insurance Affidavit: General Business form must be filled out completely.
4. Copy of valid business certificate.
5. Copy of valid driver's license for each person operating a vehicle
6. Copy of State inspection form for each vehicle
7. Copy of Disposal Site Authorization from the Town sewerage is being disposed in.

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 location or other location approved by the Board in writing as an amendment to this permit.

Signature of Applicant: _____ Date: _____

Requirements for Septage Haulers

It is now mandatory for septage haulers with OFFAL permits to submit pumping records on a monthly basis. These pumping records will be due on the last day of each month and can be submitted to the Board of Health either in person, via postal mail or via electronic mail.

Furthermore, if no septage hauling/pumping has been performed, by any septage hauler/pumper holding an OFFAL permit, the septage hauler shall submit, to the Board of Health, a written notice stating that no septage hauling/pumping has been done for that specified time period. This notice can be submitted either in person, via postal mail or electronic mail.

Failure to comply with this Board of Health requirement will result in an automatic \$100.00 fine. If the fine is not paid and the required records/notices are not received before the next posted Board of Health meeting, the Board of Health may opt to suspend or revoke the OFFAL permit, until such time when the septage hauler/pumper has come into compliance.

Please note that vehicles may be subject to an inspection at the discretion of the Board of Health and by a duly authorized representative of the Board of Health

The applicant hereby understands that the use of chemicals, acids or other substance in connection with the cleaning of a subsurface sewage disposal system is prohibited except by permission from the Board of Health. If such permission is granted, the type and amount of chemical used shall be reported within 24 hours to the Board of Health. Board of Health permission will not be granted in situations, where, in the opinion of the Board of Health, harm to the public health or to the environment will occur, or where repeated applications of such substances have occurred to the extent that repair of the system must be performed. **Under no circumstances are solvents allowed.**

The undersigned agrees that he/she has read and understands the above information and also agrees to abide by it.

Signature: _____

Date: _____

Revenue Enforcement and Protection (REAP) Attestation

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

*Signature of Individual or Corporate Name (Mandatory)

By Corporate Number (Voluntary) or Federal Identification Number

**Social Security Number (Voluntary) or Federal Identification Number

*This license will not be issued unless the certification is signed by the applicant.

**Your Social Security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filling or tax payment obligations. Licensees who fail to correct their non-filing or delinquent will be subject to license suspension or revocation. This request is made under the authority of Massachusetts General Law Chapter. 62C Section 49A.