

**Marion Board of Health
2 Spring Street
Marion, MA 02738
508 748 3530**

**2008 Marion Board of Health Application for
Permit to Remove, Transport, and Dispose of Garbage, Offal, or other Offensive Substances**

Name of Applicant/Hauler _____

Business Name _____

Business Mailing Address _____

Business Telephone Number(s) _____

Towns where septage will be accepted from _____

Disposal locations _____

Total Number of Hauling Trucks _____

Payment is due with Application \$100.00 PER TRUCK

In accordance with Section 31A, Chapter 111, MGL and [Title V] 310 CMR 15.502, I/we make application to the Marion Board of Health for permission to remove and transport septage and the contents of privies and cesspools as noted on this application.

Please attach a copy of the contract [or other approval for use] of all disposal locations.

I certify that the information I have provided 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.

Pursuant to Section 49A, Chapter 62C, MGL, I certify under the penalties of perjury that I to my best of knowledge and belief, have filed all State tax returns and paid State taxes required under law.

Social Security or
Federal Identification Number _____

Signature of Applicant _____

Date Signed _____

1. Make checks payable to "Town of Marion".
2. Address envelope to "Marion Board of Health, 2 Spring Street, Marion, MA 02738".

The responsibility to seek and obtain appropriate licenses and permits is that of the applicant/hauler.

