



Terri A. Guarino  
Health Agent

# TOWN OF BOURNE BOARD OF HEALTH

24 Perry Avenue  
Buzzards Bay, MA 02532  
[www.townofbourne.com/health](http://www.townofbourne.com/health)  
Phone (508) 759-0600 ext. 1513  
Fax (508) 759-0679



## --2019 SEPTAGE HAULER PERMIT APPLICATION -- READ CAREFULLY --

- Application fee is non-refundable. Cash or check payable to the Town of Bourne required. Permits may not be prorated or transferred.
- Incomplete applications will be returned for corrections/ completion and delay the issuance of a permit. Please print legibly. All blanks **MUST** be filled in and application signed by owner/ operator. Certifications must be attached to this application for it to be deemed complete.
- Include copy of Certificate of Insurance or proof of Workman's Comp. If you are a Sole Proprietor, please state so.
- 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:

**Fee: \$200.00**

Applicant Name:		
Company Name:		
Mailing Address:		
City/Town:	State:	Zip Code:
E-mail Address:	Business Phone:	Cell Phone:

### Number and Types of Equipment and their gallon capacity:

Number:	Type:	Gallonage:
Number:	Type:	Gallonage:
Number:	Type:	Gallonage:

Areas from which septage will be accepted (append customer list)-


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


***Pumping records MUST be submitted to the Bourne Health Department within 14 days of pumping pursuant to 310 CMR 15.351. Template for use is on the back of this application and at [www.townofbourne.com/health](http://www.townofbourne.com/health)***

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Insurance on File (Y/N) \_\_\_\_\_ Date Issued \_\_\_\_\_

Permit # \_\_\_\_\_

## Bourne Board of Health Septage Hauler Pumping Records

Submit via e-mail to [chammond@townofbourne.com](mailto:chammond@townofbourne.com) or fax 508-759-0679

Company Name

[illegible]