



# CITY OF GLOUCESTER

Health Department  
3 Pond Road, City Hall Annex  
Gloucester, Massachusetts 01930  
PHONE: 978-281-9771 · Fax: 978-281-9729  
EMAIL: [healthdept@ci.gloucester.ma.us](mailto:healthdept@ci.gloucester.ma.us)  
WEBSITE: [www.ci.gloucester.ma.us](http://www.ci.gloucester.ma.us)



**Public Health**  
Prevent. Promote. Protect.

## APPLICATION FOR SEPTAGE HAULERS PERMIT \*\*\*\*\*Renewable Annually on September 1st\*\*\*\*\* Fee: \$100.00 PER TRUCK

In accordance with M.G.L. C 111, Section 31B, 310 CMR 15.502 (Title 5) and Gloucester Board of Health Onsite Wastewater Regulations the undersigned makes application to the Board of Health for permission to remove and transport septage and the content of privies and cesspools as set forth below:

NAME OF APPLICANT: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

List number and types of equipment, their gallonage capacity, and date of vehicle inspection: (add additional pages if needed):

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

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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 of the Board in writing as an amendment to this permit.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*Please return this application with a check payable to the City of Gloucester. Upon receipt of your application and check you will be contacted to set up a time for the inspection of the vehicle(s) to be licensed. Your permit will not be issued until the truck has been inspected.**

**\*\*\* ANY PAYMENTS RECEIVED AFTER OCTOBER 1<sup>ST</sup> WILL BE SUBJECT TO A \$50 LATE FEE. \*\*\***



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