



Town of Abington

500 GLINIEWICZ WAY
ABINGTON, MA 02351

OFFICE OF
BOARD OF HEALTH

TEL: (781)982-2119 · FAX: (781)982-2127
www.abingtonma.gov

Application for Septage Hauler Permit

Fee \$150

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 _____

Phone Number _____

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 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

Name _____

Date _____