

MILTON BOARD OF HEALTH

SEPTAGE HAULER

Supplemental Information

**To Remove & Transport Septage & Contents of Privies & Cesspools
(Per MGL Ch 111, s 31B & 310 CMR 15.402 Title V)**

DATE: _____

BUSINESS NAME: _____

TOTAL NUMBER OF VEHICLES: _____

Vehicle Type	License Plate	Vehicle Insp. Date	Capacity (gallons)

Attach additional sheet, if necessary.

LOCATION OF SEPTAGE DISPOSAL SITE(S):

“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.”

Signature: _____ Title: _____