

TOWN OF MILLBURY
BOARD OF HEALTH
127 Elm Street
MILLBURY, MA 01527
www.millburyma.gov
Telephone #: 508-865-4721



SEPTIC and other
OFFENSIVE MATERIAL
HAULER
PERMIT # _____

**FEE PER TRUCK: \$125.00 EA
(Non-Refundable)**

**SEPTIC HAULER APPLICATION
(Permit Expires Yearly on March 31st)**

Make checks payable to: Town of Millbury

Business Name:		
Business Address:		
City:	State:	Zip Code:
Contact Person:		
Email (required):		
Telephone Number:		
24 Hour Telephone Number:		
Name of Applicant:		
Signature of Applicant:		
Date of Signature:		

Signature indicates that you, as a permitted hauler, understand the below listed requirements and will follow such requirements for a permit as directed by the Millbury Board of Health in accordance with M.G.L. Chapter 111 Sections 31A and 31B and 310 CMR 15.502 (Title 5) and Millbury By-Law.

NUMBER OF TRUCKS THAT REQUIRE A STICKER: _____

DISPOSAL SITES TO BE USED:

UPPER BLACKSTONE WATER POLLUTION ABATEMENT DISTRICT: **YES** **NO**

List other DISPOSAL SITES to be used and attached proof of authorization to dispose:

REQUIREMENTS:

Septic and other Offensive Material Hauler must email the following with the application:

- ★ Certificate of Insurance
- ★ Copy of vehicle(s) registration
- ★ Disposal Site Authorization
- ★ Attach List that includes:
 - Plate numbers and Registration numbers

STICKER #: _____

APPROVED BY: _____

REJECTED BY: _____

DATE APPROVED: _____

CHECK #: _____

of Trucks _____ x \$125.00 = \$ _____

COMPANY NAME:

ADDRESS:

HAULER TRUCK LIST

TOWN OF MILLBURY

Check all boxes below that apply

	<p>This Column is to be ASSIGNED and COMPLETED BY THE BOARD OF HEALTH</p> <p>-----</p> <p>STICKER #</p>	<p>PLATE/REGISTRATION NUMBER</p>	<p>RUBBISH</p>	<p>RECYCLABLES</p>	<p>Industrial or Hazardous Waste</p>	<p>C&D</p>	<p>GARBAGE</p>	<p>SEWERAGE</p>
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

For Office Use only:

Total Paid: _____

Check #: _____

Revised: 12/21/2023