



Town of Rowley

Office: 978-948-2231

Board of Health

39 Central Street, P.O. Box 783

E-mail: health@townofrowley.org

Septage Pumper and Hauler License Application

Name of Business: _____ Date: _____

Name of the Applicant: _____

Physical Address of Business: _____

Mailing Address (if different): _____

Phone: _____ Fax: _____ Mobile: _____

E-mail Address: _____

Application for Pumping Industrial holding tanks _____ Company able to pump grease traps? _____

Company able to service pump chamber? _____ Alternative systems? _____ Title 5 Inspections? _____

List number and types of equipment and their gallon capacity:

Please list the Name and Address of the facility(s) residential and industrial wastewater is disposed at:

The following must be submitted with this application:

1. License Fee: \$250.00, Payable to the Town of Rowley. **(Renewable Annually January 1.)**
2. Proof of Insurance covering all vehicles used to conduct business.
3. A Completed: SIT-62C Form.
4. Worker's Compensation Affidavit

The undersigned makes application for permission to remove and transport septage and the content of privies and cesspools as set forth above. The undersigned certifies that the information provided above is true and accurate. The undersigned recognizes that it is a violation of this permit/license to dispose of septage anywhere other than the identified disposal locations or others approved by the Board of Health in writing. The undersigned agrees to conduct business in compliance with M.G.L. Chapter III, Sections 31A, 31B; 310 CMR 15.502 (Title 5); 314 CMR 18.12; and any rules, regulations or policy, including but not limited to special conditions of the license applied for herein, and issued by the Rowley Board of Health.

Signature of Applicant

Date