Marion Board of Health
2 Spring Street
Marion, MA 02738
508-748-3530

2014 Marion Board of Health Application for
Permit to Remove, Transport, and Dispose of Garbage, Offal, or other Offensive Substances

Name of Applicant/Hauler	
Business Name	
Business Mailing Address	
Business Telephone Number(s)	
Towns where septage will be accepted from	
Disposal locations	
Total Number of Hauling Trucks	

Payment is due with Application $125.00 PER TRUCK

In accordance with Section 31A, Chapter 111, MGL and [Title 5] 310 CMR 15.502, I/we make application to the Marion Board of Health for permission to remove and transport septage and the contents of privies and cesspools as noted on this application.

Please attach a copy of the contract [or other approval for use] of all disposal locations.

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 or others approved by the board in writing as an amendment to this permit.

Pursuant to Section 49A, Chapter 62C, MGL, I certify under the penalties of perjury that I to my best of knowledge and belief, have filed all State tax returns and paid State taxes required under law.

Social Security or Federal Identification Number	
Signature of Applicant	
Date Signed	

1. Make checks payable to "Town of Marion".
2. Address envelope to "Marion Board of Health, 2 Spring Street, Marion, MA 02738".

The responsibility to seek and obtain appropriate licenses and permits is that of the applicant/hauler.

This is a two-sided application. Please complete the reverse.

Offal - blue

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For each vehicle, complete the following:

Registration Number	Last Inspection Date	Gallon Capacity

Offal - blue