

**PAYABLE BY CHECK OR MONEY ORDER TO CITY OF SPRINGFIELD**

**FEES:**

**LICENSE: \$100**

**PER TRUCK: \$25**

**PER PORTABLE**

**TOILET: \$15**

**SPRINGFIELD DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF ENVIRONMENTAL HEALTH  
311 STATE STREET  
SPRINGFIELD, MA 01105**

**(413) 787-6740 : (413) 787-6458 FAX : (413) 787-6745 TTY**



**APPLICATION FOR PERMIT/TO REMOVE, TRANSPORT OR DISPOSE OF  
SEWAGE, SLUDGE, OR HUMAN EXCREMENT**

IN ACCORDANCE WITH TITLE V OF STATE SANITARY CODE AND 310 CMR 15.00 THE UNDERSIGNED HEREBY APPLIES FOR A PERMIT TO REMOVE, TRANSPORT OR DISPOSE OF SEWAGE, SLUDGE, LIQUID TOXIC WASTE OR HUMAN EXCREMENT.

\*\*\*\*\* PLEASE TYPE OR PRINT \*\*\*\*\*

DATE: \_\_\_\_\_

APPLICANT/COMPANY NAME: \_\_\_\_\_ TEL. NO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP CODE

IF COMPANY, OWNER(S) NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP CODE

# OF VEHICLES: \_\_\_\_\_ # OF PORTABLE TOILETS: \_\_\_\_\_

VEHICLE REGISTRATION NO'S: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TYPE OF EQUIPMENT: \_\_\_\_\_

METHODS USED: \_\_\_\_\_

DISPOSAL FACILITY INFORMATION: \_\_\_\_\_  
COMPANY NAME TEL. NO

ADDRESS CITY STATE ZIP CODE

PURSUANT TO M.G.L. CHAPTER 62C, SECTION 49A, I CERTIFY UNDER THE PENALTIES OF PERJURY THAT I, TO MY BEST KNOWLEDGE AND BELIEF, HAVE FILED ALL STATE RETURNS AND PAID ALL STATE TAXES REQUIRED UNDER LAW.

\_\_\_\_\_  
SOCIAL SECURITY # / FEDERAL ID #

\_\_\_\_\_  
CORPORATE NAME / SIGNATURE OF APPLICANT

\_\_\_\_\_  
CORPORATE OFFICER ( IF APPLICABLE)