

**TOWN OF NORTH ANDOVER**  
**Community & Economic Development**  
**HEALTH DEPARTMENT**  
120 Main Street  
NORTH ANDOVER, MASSACHUSETTS 01845



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**APPLICATION FOR LICENSE TO REMOVE, TRANSPORT AND  
DISPOSE OF OFFAL OR OTHER OFFENSIVE SUBSTANCES**

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

*The undersigned hereby applies for a license in accordance with the provisions of the statutes relating thereto:*

**COMPANY NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CONTACT NAME:** \_\_\_\_\_

**CONTACT PHONE #'S** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

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

*In said Town of North Andover, Massachusetts in conformity with the authority granted to the Board of Health by Chapter III, Section 31A of the Laws of the Commonwealth of Massachusetts relating thereto, and upon such terms and conditions, and to the rules and regulations in regard to the carrying on of the occupation so licensed as adopted by the Board of Health.*

**TOTAL NUMBER OF TRUCKS:** \_\_\_\_\_

**LICENSE NUMBERS:** \_\_\_\_\_

**7.3 SEPTAGE HAULER PERMIT**

7.3.1 Permits to transport septage are to be maintained per vehicle which operates within North Andover. A copy of vehicle registration and proof of possession of at least \$100,000 of general liability insurance shall be required for issuance of an annual license for each vehicle.

7.3.2 Septage pumping records shall be submitted monthly to the Health Department.

7.3.3 Vehicles shall have company name and gallons printed on vehicle. Vehicle and equipment must be in good condition, free from leaks, safe and secure. Inspections of new or additional trucks shall take place prior to initial permit issuance of each vehicle and episodic inspections will be conducted on renewals per Health Department discretion.

7.3.4 Transfer of septage from one truck or tanker to another for transport except in cases of emergency shall be prohibited.

7.3.5 Pumping records shall be submitted on the most current form as provided by the Massachusetts Department of Environmental Protection (DEP) ("System Pumping Record form")

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name

**Please include the name, address and phone numbers of the disposal sites used:** \_\_\_\_\_

**FEE: \$135.00 per truck Payable to: Town of North Andover**

**LATE FEE AFTER JANUARY 1<sup>ST</sup> WILL BE DOUBLED - \$270.00 per TRUCK**