



**TOWN OF WEST SPRINGFIELD  
HEALTH DEPARTMENT**

Fee: \$25.00

26 Central Street, Suite 18  
West Springfield, MA 01089-2754  
Phone: (413) 263-3206 FAX: (413) 737-1583  
www.townofwestspringfield.org

***Septage Hauler Permit Application***

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_  
\_\_\_\_\_

Company Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Company Email or Web Site: \_\_\_\_\_

Type and size of truck(s): \_\_\_\_\_  
\_\_\_\_\_

Disposal location(s): \_\_\_\_\_  
\_\_\_\_\_

Applicant's Name (print): \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Date of Application: \_\_\_\_\_

**For Health Department Use**

Application Approved: **YES** or **NO** Date: \_\_\_\_\_

Approving Authority Signature: \_\_\_\_\_

Permit Number: \_\_\_\_\_