



TOWN OF PRINCETON
6 TOWN HALL DRIVE
PRINCETON, MASSACHUSETTS 01541-1137
(978) 464-2104 - FAX (978) 464-2106

SEWAGE HAULER APPLICATION

SH- ____ - ____

Fee - \$100.00

NAME: _____

DBA: _____

ADDRESS: _____

BUSINESS PHONE: _____ CELL PHONE: _____

SIGNATURE: _____

The Board of Health reserves the right to revoke a contractor's Sewage Hauler Permit at its discretion and without notice. Incomplete applications will be returned. Please complete the application and return it with the annual fee of \$100.00 made out to the Town of Princeton.

Please submit a certificate of insurance along with this completed application.

Submittal of pumping report is required. (see attached)



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BOARD OF HEALTH

PUMPING REPORT

Septic Hauler: _____

Driver's Name: _____

Date: _____

Street Address: _____

Name of owner/tenant: _____

Pumping from Septic Tank _____ **Cesspool** _____

Quantity: _____ **Gallons**

Reason for pumping:

Routine maintenance _____

Inspection for property transfer _____

Observed condition of system: _____

Where was septage discharged: _____

Please send completed form to: **Town of Princeton**
6 Town Hall Drive
Princeton, MA 01452
Attn: Terri J. Longtine