



Town of Walpole
Water & Sewer Department
508-660-7308

2024
Septic Waste Disposal Permit

MWRA PERMIT NO.: _____

Town of Walpole Permit # _____

Date Recd: _____

Permit Expiration Date: _____

Board of Health Approval Date: _____

****For Office Use Only**

License Fee: \$125 Per Truck Per Calendar Year

(Payable to "The Town Of Walpole")

Mail to: Water & Sewer Department, 135 School Street, Walpole MA 02081

Name of Business: _____ Contact Name: _____

Name of Person to Receive Permit: _____

Business Address: _____ City: _____ State: _____ Zip: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Contact Phone Number: _____ Contact Email: _____

Number of Vehicles _____ **@ \$125.00** **Total Amount Due:** _____

License Plate #	Vehicle ID #	Make	Year	Cab/Tank Color	Capacity	Truck MWRA Permit #

If more than 4 vehicles are used, please attach a separate sheet of paper with the above information for the additional vehicles

INSURANCE REQUIREMENTS (Certificates must be submitted with application and payment)

All of the below, is the minimum insurance liability required:

1. **Workman's Compensation Insurance** as required by Massachusetts general Laws.
2. **Bodily Injury Insurance** covering the operation of registered motor vehicles whether owned, leased or rented by the hauler in the amount of at least \$250,000 for injuries including accidental death to any one person and subject to the same limit for each person in the amount of not less than \$500,000 on account of any one accident.
3. **Property Damage Insurance** covering the operation of registered motor vehicles whether owned, leased or rented by the hauler in an amount not less than \$500,000.
4. **Non Ownership Automobile Liability Insurance** covering bodily injuries and property damage in the amounts required above.
5. **All applicable Massachusetts laws regarding septic haulers will apply.**

****I have read and agree to the attached Sewer and Water Commissioners Current Rules and Regulations**

****Signed:** _____ ****Date:** _____

****Print Name:** _____ ****Phone:** _____