

# ATTACHMENT 1: Private Hauler Permit Application

Town of Wilbraham

Date \_\_\_\_\_

## PRIVATE HAULER PERMIT APPLICATION

TO REMOVE, TRANSPORT AND DISPOSE OF SOLID WASTE, RECYCLABLES, GREASE, SEPTAGE, WASTEWATER, OFFAL AND OTHER OFFENSIVE MATERIALS IN WILBRAHAM

### Instructions

All sections of this application must be completed. Incomplete applications will not be considered.

*(NOTE TO USER: Language below is based on Board of Health authority to enact and implement this process. If another authority/process is undertaken, consider modifying to reflect appropriate citations throughout.)* In accordance with MGL Chapter 111, Sections 31 A and 31B , 310 CMR 15.502 (Title V) and in accordance with the Town bylaw, the undersigned makes application to the Board of Health for permission to collect and transport Solid Waste, Recyclables, Grease, Septage, Wastewater, Offal, and Other Offensive Materials as set forth below:

Application Type:  New Application  Renewal Application

Check All That Apply:  Solid Waste/Recyclables  Grease  Septage  Other: \_\_\_\_\_

### Permit Fee

The application fee is \$500 for Solid Waste/Recyclable Haulers and \$150 for Grease and Septage Haulers.

### Permit Date

If approved, this permit will be effective from January 1, 2026 to December 31, 2026.

Company Information	
Company Name	
Federal Identification Number (FID)	
Contact Name	
Location Address	
City, State ZIP Code	
E-Mail Address	
Telephone #	
Mailing Address (if different)	
City, State, ZIP Code	
Emergency 24-hour Contact Name	
Emergency 24-hour Telephone #	

By signing this document I acknowledge that I have received, read, and understand the Town of Wilbraham Private Hauler Regulations and agree to comply with the terms stated therein. I also certify that the information I have provided is true and accurate. I recognize that it is a violation of this permit to dispose of materials anywhere other than the identified disposal locations or others approved by the Board in writing as an amendment to this permit prior to use. Pursuant to MGL Ch. 62C Section 49A, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Signature of Authorized Representative

Printed Name

Title

Date

### FOR OFFICIAL USE ONLY

Date Received	Approved By	Date Issued	Permit No.	Amount Paid	Check No.



# List of Approved Disposal Facilities

*(Use separate sheet for additional facilities)*

**Attach written proof that you have been granted permission to use the approved disposal facilities.**

<b>Disposal Facility</b>	
Facility Name	
Material(s) Delivered	
Contact Name	
Facility Address	
City, State ZIP Code	
E-Mail Address	
Telephone #	
<b>Disposal Facility</b>	
Facility Name	
Material(s) Delivered	
Contact Name	
Facility Address	
City, State ZIP Code	
E-Mail Address	
Telephone #	
<b>Disposal Facility</b>	
Facility Name	
Material(s) Delivered	
Contact Name	
Facility Address	
City, State ZIP Code	
E-Mail Address	
Telephone #	
<b>Disposal Facility</b>	
Facility Name	
Material(s) Delivered	
Contact Name	
Facility Address	
City, State ZIP Code	
E-Mail Address	
Telephone #	

## ATTACHMENT 2: Solid Waste and Recyclables

Please select which type(s) of collection you will be providing (*check all that apply*):

Solid Waste and Recyclables  Recyclables Only  Solid Waste Only (Commercial Customers/Generators)

Please check all and make sure all associated attachments are included.

***Incomplete applications will not be considered.***

- This is a permit renewal: I have attached a copy of the Annual Solid Waste and Recyclables Reporting Form.  
If this is your first application, write "Not Applicable" on the form.
- I have attached a copy of my certificate of insurance for public liability and property insurance.
- I certify that the company I represent operates in compliance with the Massachusetts Waste Ban Regulations and the Mercury Disposal Prohibition.
- I have attached a copy of my marketing materials indicating the types of services offered, reminding Customers that recycling is mandatory, and describing the Massachusetts Waste Ban Materials.
- I confirm that my company is in compliance with the Bundled Service requirement outlined in Section 9 of these regulations.
- I have attached a copy of my notification that will go to Customers who set out visible Waste Ban Materials mixed with Solid Waste, including a reminder that recycling is mandatory, describing what was seen that violated the Waste Bans, and providing a phone number for the Board of Health.
- All employees understand and will help educate all Customers about the Massachusetts Waste Bans.
- I am an authorized official of the company applying for this permit.

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Signature of Company Official

Printed Name

Title

Date

# ATTACHMENT 3: Annual Solid Waste and Recyclables

Town of Wilbraham

Date \_\_\_\_\_

## ANNUAL SOLID WASTE AND RECYCLABLES REPORTING FORM FOR PERMITTED HAULERS OPERATING IN WILBRAHAM

### Instructions

All sections of this form must be completed and submitted to the Board of Health with your Annual Private Hauler Permit Renewal Application.

Private Hauler permits will not be issued until this report is filed.

### Reporting Period

For the period starting \_\_\_\_\_ through \_\_\_\_\_  
MONTH/DATE/YEAR MONTH/DATE/YEAR

Company Information	
Company Name	
Name of Person Completing Form	
Address	
City, State ZIP Code	
Phone	
E-Mail	

In the table below, please provide the average number of Wilbraham Customers you served during this 12-month reporting period, by category type.

Category	Customer Count
Residential Customers: Solid Waste and Recyclables	
Commercial Customers: Solid Waste and Recyclables	
Commercial Customers: Recyclables Only	
Commercial Customers: Solid Waste Only	

Tonnage Data		
Please provide the total tons of Solid Waste and Recyclables collected from Residential Customers within the Town of Wilbraham during this 12-month reporting period. <i>(Note: In the case where your company delivers loads for disposal or recycling that are combined with more than one municipality, you must provide your best estimate of tonnage delivered from the Town. Weight slips must be provided upon request from the Board of Health.)</i>		
	Solid Waste	Recyclables
Tonnage		
Disposal or Processing Facility(ies)		

Please check all and make sure all associated attachments are included. If Not Applicable, enter (NA).

**Incomplete applications will not be considered.**

- I have attached names and addresses of Commercial Customers who are provided Solid Waste only collection.
- I have attached names and addresses of Commercial Customers who are provided Recyclables only collection.
- I have reported to the Board of Health when Customers are not in compliance with the Town's Private Hauler Regulations
- I have attached copies of all Waste Ban violation letters or notices received by my company during the prior year that refer to loads collected within the Town of Wilbraham.

Signature of Company Official

Printed Name

Title

Date

# ATTACHMENT 4: Recycling Service Exemption Form for Commercial Generators

Town of Wilbraham

Date \_\_\_\_\_

## RECYCLING SERVICE EXEMPTION FORM FOR COMMERCIAL GENERATORS WILBRAHAM

### Recycling is mandatory in the Town of Wilbraham.

All Permitted Haulers must provide both Solid Waste and Recyclables collection to all Commercial Customers unless the Customer can provide proof to the Permitted Hauler that separate Recycling services are provided by another Permitted Hauler, or by one or several of the methods listed below. Commercial Customers that decline recycling collection service from their Permitted Solid Waste Hauler must demonstrate to their Permitted Hauler or Town of Wilbraham that they are diverting Mandatory Recyclables from disposal.

The Town of Wilbraham periodically checks recycling compliance throughout the Town and can offer outreach and assistance. Commercial Customers that do not separate Recyclables from Solid Waste destined for disposal at a landfill or waste combustor are subject to fines. Permitted Haulers that do not offer/provide collection of Recyclables along with Solid Waste pickup are also subject to fines, unless the Town has received this form showing that recycling services were offered.

Please choose one:

- I am a Permitted Hauler/customer service representative submitting this form on behalf of the business/organization listed below. *Identify your company name here:* \_\_\_\_\_
- I am a business/organization who has declined recycling service offered by my Solid Waste Hauler.
- I am a Permitted Hauler/customer service representative advising Wilbraham of a business/organization who was offered recycling service, but refused. *Identify your company name here:* \_\_\_\_\_

Business, Organization, or Property Manager Seeking Exemption	
Company Name	
Contact Name	
Location Address	
City, State ZIP Code	
E-Mail Address	
Telephone #	

### Materials Handling Information

Name of Permitted Solid Waste Hauler \_\_\_\_\_

Please describe the manner in which materials are recycled (check all that apply):

Option 1—Ship directly to mill: *Identify recycling outlet* \_\_\_\_\_

Option 2—Self-haul: *Identify recycling outlet* \_\_\_\_\_

Option 3—Back-haul to parent company: *Identify parent company* \_\_\_\_\_

Option 4—Recycling Collection by Permitted Recycling Hauler \_\_\_\_\_

Name of Permitted Recycling Hauler

### Signature

By signing below, I certify that I have read and understand the Wilbraham requirement to comply with Mandatory Recycling as stated in the Wilbraham rules and regulations for removal, transport, and disposal of solid waste, recyclables, grease, septic, offal and other offensive odors bylaw.

Signature of Company Official

Printed Name

Title

Date

# ATTACHMENT 5: Grease Haulers

Town of Wilbraham

Date: \_\_\_\_\_

## RECORD KEEPING

A Food Service Establishment (FSE) may authorize a Permitted Private Hauler to act on its behalf regarding inspection, disposal, maintenance records, and reporting requirements. Grease Hauler Reports shall include estimated depth of grease and solids, quantity of water removed from Grease Removal Device (GRD), any defects in the GRD (baffle missing, tees missing, no outlet access, etc.), date of pump-out of GRD, capacity of GRD, and the name and address of the FSE contact. Each report shall also note any repairs that have been made to the interceptor or trap, including the date repairs were performed. Reports shall be submitted to the address provided in the permit. If no pumping activities have been performed, please submit a report stating "No Pumping Performed". **If reports are received by the Town of Wilbraham more than 15 days after the end of the month, enforcement actions including penalties may be applied by an Official.**

### Authorized Representative Statement:

I certify that I have read the Town of Wilbraham Private Hauler Regulation and agree to abide by the regulations contained therein, as well as any other applicable Federal, State, or local regulations governing my activities. I understand that all Grease Waste Haulers must have a Private Hauler Permit issued by the Town prior to providing grease hauler services. I recognize it shall be prohibited for any grease hauler to clean or pump out any Grease Control Device within the Town without a current Private Hauler Permit, a completed Grease Removal Device Pump Permit submitted 24 hours prior to each scheduled service, and a Town representative present.

I further understand, under penalty of law, that this document and all attachments were prepared under my direct supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment for knowing violations.

Print Name: \_\_\_\_\_

Print Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

