



**TOWN OF AQUINNAH  
BOARD OF HEALTH**

955 State Road Aquinnah MA 02535

phone: (508) 645-2309

email: boh-assistant@aquinnah-ma.gov

Permit # \_\_\_\_\_

Fee: \$50.00 \_\_\_\_\_

**Application for Septage Hauler Permit**

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

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Receiving Facility: Edgartown Wastewater Treatment: \_\_\_\_\_

Other: \_\_\_\_\_

***The undersigned agrees to comply with the Town of Aquinnah Board of Health Regulations  
and the State of Massachusetts 310 CMR 15.502 (Title 5) laws:***

Print name of applicant: \_\_\_\_\_

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

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

***Please attach a copy of your Workers' Compensation Insurance Affidavit form:***

Board of Health Approval: \_\_\_\_\_

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

Expires in one year