



**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 Septic System Installer Permit

Company: _____

Mailing Address: _____

Phone: _____ Email: _____

Contact Person: _____

The undersigned hereby agrees to comply with the Town of Aquinnah Board of Health Regulations and the State of Massachusetts 310 CMR 15.000 (Title 5):

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