



**TOWN OF EDGARTOWN**  
**OFFICE OF**  
**BOARD OF HEALTH**

P.O. BOX 1596  
EDGARTOWN, MA 02539  
TELEPHONE  
(508) 627-6120  
health@edgartown-ma.us

The Commonwealth of Massachusetts  
Application for License  
Disposal Works Installers

Permit #

**Fee: \$150.00**

Application is hereby made for an annual permit to repair, install and abandon on site wastewater disposal systems in accordance with the provisions of 310 CMR 15.C00 st. seg. Title V, promulgated under the authority of Mass. General Laws.

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

Authorized Installers to work under this license:

- |           |           |
|-----------|-----------|
| 1.) _____ | 4.) _____ |
| 2.) _____ | 5.) _____ |
| 3.) _____ | 6.) _____ |

Mailing Address: \_\_\_\_\_ Office Phone Number: \_\_\_\_\_

Applicant Cell Phone Number: \_\_\_\_\_ Applicant Email: \_\_\_\_\_

Please indicate other Towns where you hold a Disposal Works Installer License:

\_\_\_\_\_

I/WE certify under penalties of perjury hereby agree to comply with the provisions contained in 310 CMR 15.000 et. seg. Title V.

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

Your PERMIT expires on December 31, 2024, unless otherwise suspended or revoked by the local approving authority.

Issued By: \_\_\_\_\_ Date: \_\_\_\_\_