



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

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

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

Fee: \$100.00 (per vehicle)

**Application for a License to Pump, Haul & Transport Septic/Grease Waste for Disposal**

To the licensing Authorities: WE/I as the undersigned hereby apply for a License in accordance with the provisions of the Statutes relation thereto:

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

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

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Type of Equipment Used: \_\_\_\_\_

Make/model/year and registration number of each and every vehicle(s) proposed to be used for the removal and/or transport off waste matters.

Make	Model	Year	Registration #

**We/I certify that to the best of my knowledge and belief we/I have filed all State Tax Returns and paid all state taxes required by the Law.**

We/ I certify that according to CMR 15.202(7) Title V; will provide the EBOH with a "Septic System Pumpout Record" within 10 calendar days of pumping the septic system. Failure to do so is a violation and is potentially punishable by a fine or other penalty.

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

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