



TOWN OF CHILMARK
CHILMARK, MASSACHUSETTS

Board of Health

401 Middle Road
Post Office Box 119
Chilmark, MA 02535
Tel: (508) 645-2105
Fax (508) 645-2110
E-mail: boh@chilmarkma.gov
Hours: 9am to 2pm, M-F

Permit #: _____

Permit Fee: \$50.00
Paid: _____

APPLICATION FOR SEPTAGE HAULER PERMIT

Company: _____

Mailing Address: _____

Contact Person: _____

Phone: _____ Fax: _____

E-mail: _____

Receiving Facility: Edgartown Wastewater Treatment: _____

Other: _____

The undersigned hereby agrees to comply with the Town of Chilmark Board of Health Regulations and the State of Massachusetts 310 CMR 15.502 ("Title 5"):

Signature of Applicant: _____

Date: _____

Please attach a copy of your Certificate of Liability Insurance to your application.

Board of Health Approval: _____

Date: _____