

No. _____

Date: _____

Repair: \$30.00 (Minor i.e.: broken pipe, d-box, move tank)
\$60.00 (Major i.e.: replace SAS, first 500 gallons)
\$60.00 (Each 500 gallons after)
New: \$110.00 (First 500 gallons)
\$60.00 (Each 500 gallons after)

BREWSTER, MASSACHUSETTS
BOARD OF HEALTH

Application for Disposal System Construction Permit

Application is hereby made for a permit to construct () or repair () an individual sewage Disposal system at:

Location-Address _____

Map and Lot No. _____

Owner _____

Address _____

Installer _____

Address _____

Designer _____

Address _____

Type of Building _____

Lot Size _____ sf

Dwelling-No. of bedrooms _____

Expansion Attic ☐ Garbage Grinder ☐

Other – Type of Building _____ No. of persons _____

Showers ☐ Cafeteria ☐

Other fixtures _____

Design Flow _____ gallons per day

Calculated flow _____ gallons

Plan: Date _____ No. of sheets _____ Revision Date: _____

Title _____

Type of system _____ Trench ☐ Field ☐ Galley ☐ Tank ☐

Description of Soil _____

Town Water ☐ Private Well ☐ (If well is checked, water testing results must be submitted with this application)

Zone II: Yes ☐ No ☐

Nature of repairs or alteration (answer where applicable) _____

Date last inspected _____

PERMIT EXPIRES ONE YEAR FROM DATE OF ISSUE

Agreement: The undersigned agrees to install the aforescribed on-site Sewage System in accordance with the provision of Title 5 and the State Environmental Code. The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by the Board of Health.

Signed: _____ Date _____

Application approved by _____ Date _____

Application Disapproved/Restrictions _____ Date _____

No. _____

Fee _____

BREWSTER, MASSACHUSETTS
BOARD OF HEALTH
Disposal Works Construction Permit

Permission is hereby granted to _____

to construct ☐ or Repair ☐ an on-site Sewage Disposal System

at Lot _____ Map _____

and as described in the above application for Disposal System Construction Permit. The applicant recognizes his/her duty to comply with Title 5 and the following local provisions or special conditions _____

Date _____

Approved by _____

Health Director

PERMIT EXPIRED ONE YEAR FROM DATE OF ISSUE