

**Town of Brewster  
Health Department**

2198 Main Street  
Brewster, Massachusetts 02631-1898  
(508) 896-3701 Ext. 120  
FAX (508) 896-4538

**FEE: \$25.00**

**SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM  
APPENDIX  
BREWSTER REGULATION**

Map \_\_\_\_\_ Lot \_\_\_\_\_  
Property Address: \_\_\_\_\_  
Owner Address: \_\_\_\_\_  
Name of Inspector: \_\_\_\_\_  
Company Name, Address & Phone Number: \_\_\_\_\_  
\_\_\_\_\_

Date of Inspection: \_\_\_\_\_

This inspection represents (check one)                      ( ) Real Estate Transfer    ( ) Addition/alteration

\_\_\_ A) System Passes

\_\_\_ B) System Conditionally Passes

      \_\_\_ Septic tank covers are more than 12 inches below the finished grade

C) Further evaluation is required by the Board of Health

      \_\_\_ Records show excessive pumping three or more times within any eighteen (18) month period for residential or Commercial property; except for required grease trap maintenance for commercial property.

      \_\_\_ The leaching facility or facilities are located within 300 feet of a pond or lake

\_\_\_ D) System Fails (Brewster Real Estate Transfer requirements)

      \_\_\_ The system is in a state of disrepair such that it cannot function as it was originally intended;

      \_\_\_ The lack of a 4 foot protective zone between the bottom of the system and the groundwater;

      \_\_\_ Any other problem as defined by the Board of Health or its Director;

      \_\_\_ The sewage disposal system consists of a single cesspool, or cesspools.

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The Brewster Health Department has reviewed and accepted this report based on the information contained therein. This inspection reflects the present condition of the Sanitary System and is not any guarantee as to the life or future condition of said system.

\_\_\_\_\_  
Approving Authority

\_\_\_\_\_  
Date

Please be advised of ADDITIONAL BOARD OF HEALTH REGULATIONS:

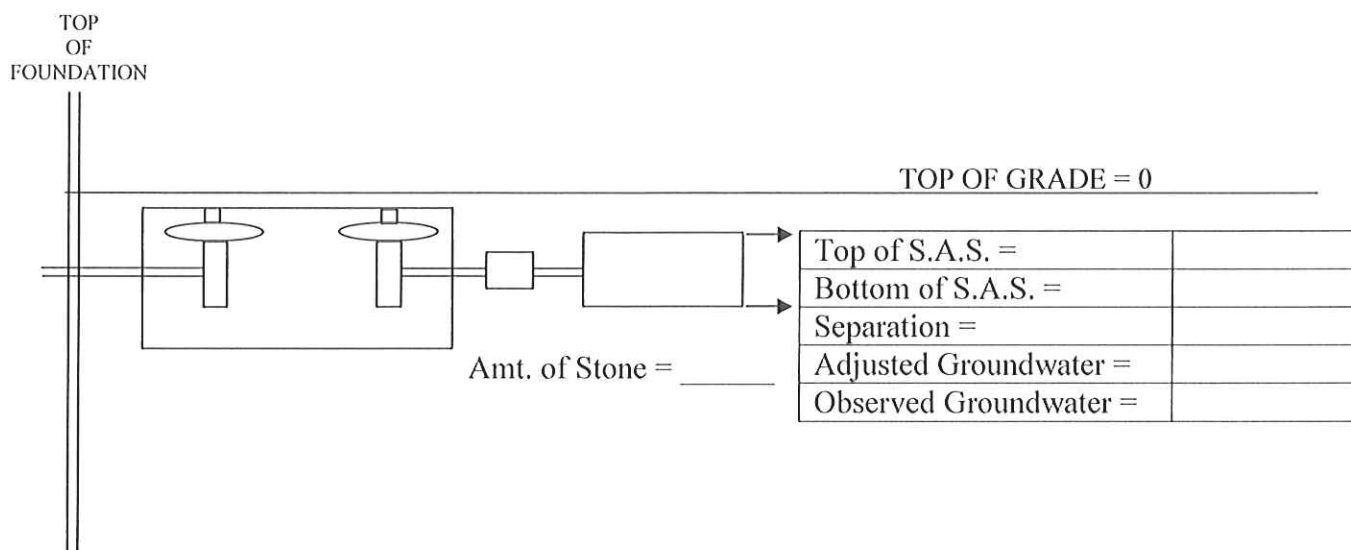
1. All private wells are required to be analyzed prior to approval of the Subsurface Sewage Disposal System Inspection form, and sixty (60) days prior to transfer of property.



TOWN OF BREWSTER  
ADDENDUM TO DEP SEPTIC INSPECTION REPORT

Inspection Location \_\_\_\_\_ Map & Parcel \_\_\_\_\_

5. Is there a 4' separation (1978 code) or a 5' separation (1995 code) Yes\_\_\_\_ No\_\_\_\_  
Between the bottom of the Soil Absorption System (SAS) and adjusted groundwater?



6. Town Water ( \_ ) or Private Well ( \_ )  
Distance from nearest septic system component: \_\_\_\_\_
7. Wetlands or surface water within 100' of septic system? Yes \_\_\_\_ No \_\_\_\_  
Distance from nearest septic system component: \_\_\_\_\_
8. Groundwater flow direction: \_\_\_\_\_
9. Type of pipe used in system:  
PVC \_\_\_\_\_ Orangeberg \_\_\_\_\_ Other \_\_\_\_\_
10. Sanitary tees or baffles in place ( Yes – No- N/A? )  
 Septic tank inlet \_\_\_\_\_  
 Septic tank outlet \_\_\_\_\_  
 Pump chamber inlet \_\_\_\_\_  
 D-Box inlet \_\_\_\_\_  
 Grease trap inlet \_\_\_\_\_  
 Grease trap outlet \_\_\_\_\_  
 Risers – 1978 code within 12 inches of grade on septic tank \_\_\_\_\_  
 Risers – 1995 code within 6 inches of grade on all components \_\_\_\_\_  
 One inspection port on SAS (1995 code) \_\_\_\_\_