



OFFICE OF THE BOARD OF HEALTH TOWN OF BROOKFIELD



6 Central Street • Brookfield, MASSACHUSETTS 01506
TELEPHONE: (508) 867-2930 ext. 22 • FAX: (508) 867-5091
www.brookfieldma.us • email: boardofhealth@brookfieldma.us

FEE: \$125.00

PERMIT #: _____

APPLICATION FOR DISPOSAL WORKS INSTALLERS PERMIT

ALL SEPTIC SYSTEM INSTALLER PERMITS EXPIRE DECEMBER 31ST OF EACH YEAR

Installers Name: _____

Mailing Address: _____

Company Name: _____

Telephone Number: _____

NEW INSTALLERS

1. The applicant must have a minimum of one year experience working under permitted installer from any town.
2. The applicant shall provide proof that the permitted installer, for a minimum of one year, has duly employed them by submitting a copy of W2 form with no less than 1000 hours of work experience.

INSTALLER'S WHO WORK IN OTHER TOWNS

Installers who have been working in other towns and under their own installer's permit must provide proof to the Board of Health that they have been working currently under the Title V Regulations by submitting Construction Permits with the signatures on them from at least 3 different towns. Information submitted with the application will be verified.

Are you a trained and certified to install plastic systems (Cultect, Infiltrator, etc.)? _____
(Attach copy of certification to this application)

Are you licensed by the state to operate hoisting equipment MGL c.146 s.5? _____
(Attach copy of license to this application)

Do you have a copy of State Environmental Code (Title V - 12-27-96) and have a good working knowledge of septic systems installations? _____

Please provide a copy on insurance and Workman's Compensation insurance policies.

Applicant's Signature

Date