



*Town of East Brookfield,  
Massachusetts*

**BOARD OF HEALTH**

**122 Connie Mack Drive**

**East Brookfield, Massachusetts 01515**

**SEPTIC INSTALLER APPLICATION  
TOWN OF EAST BROOKFIELD  
CALENDAR YEAR 2024**

**SEPTIC INSTALLER ANNUAL FEE: \$150.00**

PERMIT NUMBER \_\_\_\_\_ CHECK # \_\_\_\_\_

INSTALLER NAME AND/OR DBA: \_\_\_\_\_

INSTALLER BUSINESS ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

INSTALLER CELL PHONE NUMBER: \_\_\_\_\_

INSTALLER EMAIL ADDRESS: \_\_\_\_\_

Installer Permits for the Town of East Brookfield are valid from January 1<sup>st</sup> through December 31<sup>st</sup> and must be renewed yearly. Please complete the following and send to the Board of Health to do business in East Brookfield:

- This completed application for Disposal Works Construction
- An affidavit of Workers' Compensation Insurance
- A Certificate of Liability Insurance
- **A check in the amount of \$150.00 from the installer, made payable to the Town of East Brookfield.**

Upon satisfactory completion and delivery of the above, an Annual permit will be issued and sent to you by mail or email.

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FOR THE EAST BROOKFIELD BOARD OF HEALTH USE ONLY:

Approved By: \_\_\_\_\_ Title: \_\_\_\_\_

Date of Approval: \_\_\_\_\_

PERMIT #: \_\_\_\_\_

Permit Expiration Date: \_\_\_\_\_