



Commonwealth of Massachusetts  
City/Town of Brimfield  
**Application for Disposal System  
Construction Permit**  
Form 1A

Number \_\_\_\_\_

\$ \_\_\_\_\_  
Fee

DEP has provided this form for use by local Boards of Health if they choose to do so. Before using the form, check with your local Board of Health to make sure that they will accept it.

**A. Facility Information**

**Important:** When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



Application is hereby made for a permit to: ☐ Construct a new on-site sewage disposal system  
☐ Repair or replace an existing on-site sewage disposal system  
☐ Repair or replace an existing system component

1. Location of Facility:

Address or Lot # \_\_\_\_\_

City/Town \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

2. Owner Information

Name \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

City/Town \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

3. Installer Information

Name \_\_\_\_\_

Name of Company \_\_\_\_\_

Address \_\_\_\_\_

City/Town \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

4. Designer Information

Name \_\_\_\_\_

Name of Company \_\_\_\_\_

Address \_\_\_\_\_

City/Town \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_



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**A. Facility Information** (continued)

5. Type of Building:

☐ Dwelling

☐ Garbage Grinder (check if present)

Other: Type of Building

Number of Persons Served

☐ Showers

Number of showers

☐ Cafeteria

☐ Other fixtures

Specify other fixtures:

6. Design Flow:

Gallons per Day

Calculated Daily Flow:

Gallons

7. Plan:

Date of Original

Number of Sheets

Revision Date

Title of Plan

8. Description of Soil:

9. Nature of Repairs or Alterations (if applicable):

10. Date last inspected:

Date



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**B. Agreement**

The undersigned agrees to ensure the construction and maintenance of the aforescribed on-site sewage disposal system in accordance with the provisions of Title 5 of the Environmental Code and not to place the system in operation until a Certificate of Compliance has been issued by this Board of Health.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Application Approved By:

Name \_\_\_\_\_

Date \_\_\_\_\_

Application **Disapproved** for the following reasons:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_