



# TOWN OF BRIMFIELD

COMMONWEALTH OF MASSACHUSETTS

## BOARD OF HEALTH

23 Main Street  
Brimfield, MA 01010  
(413) 245-4100 x3  
(413) 245-4102 Fax

[www.brimfieldma.org](http://www.brimfieldma.org)

APPLICATION FOR LICENSE  
TO INSTALL SUBSURFACE SEWAGE DISPOSAL SYSTEMS  
FEE \$125

The undersigned hereby applies for a license in the Town of Brimfield in accordance with the provisions of the Statutes relating thereto and the rules and regulations of the Massachusetts State Sanitary Code Title V, Regulation 2.2 and any Brimfield regulations.

Full name and address of person, firm, corporation making application.

Phone Number

Cell Number

Please provide proof of certification and list any alternative system certification you would like to have posted on the Town's installer list. Certifications are required for alternative system installations.

Signature of Applicant

Federal Identification Number or Social Security Number

FOR OFFICE USE ONLY

Date Received

Date License Granted

Exam Taken

License Number

Liability Expiration Date

Paid

Worker's Comp Form

Check Number