



TOWN OF BREWSTER
2198 MAIN STREET
BREWSTER, MA 02631
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BRHEALTH@BREWSTER-MA.GOV

OFFICE OF
HEALTH DEPARTMENT

SEPTAGE HANDLERS PERMIT APPLICATION

Application for permit to pump and transport the contents of any part of an individual sewage disposal system. If all information is correct and the blanks filled in, please sign and return to the Health Department with the fee and the state required Workers Compensation Insurance Affidavit form. No permit will be issued if form is not returned. Should corrections be needed, please make them.

FEE: \$110.00/PER VEHICLE

1. Full name of applicant:_____
2. Business name:_____
3. Mailing Address (if different from above):_____
4. Business address location:_____
5. Telephone number:_____
6. Type of business:_____
7. All sites of disposal:_____

This permit will expire on December 31, 20

Signature:_____Date:_____