



**Town of Webster  
Health Department**  
350 Main Street  
Webster, MA. 01570  
508-949-3800 ext. 4002  
Fax - 508-949-3888

**APPLICATION  
DISPOSAL WORKS/ DRAIN LAYERS**

Date: \_\_\_\_\_

Permit Type: Please Circle

Disposal Works \$ 175.00

Drain Layers \$ 150.00

Company Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact Information: \_\_\_\_\_

Home phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

State of Incorporation: \_\_\_\_\_ SS# or FEIN # \_\_\_\_\_

Type of Application: New \_\_\_\_\_ Renew \_\_\_\_\_

Have you ever obtained a Drain Layers or Disposal Works Permit in Webster in the past?

Yes \_\_\_\_\_ No \_\_\_\_\_

If No, please provide two written letters of recommendation or copies of two permits issued through additional towns.

---

I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that the operation will comply with all town rules and regulations set forth by the Town of Webster.

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

## **DRAIN LAYERS**

### **DRAIN LAYERS RENEWAL CHECKLIST**

- Certificate of Liability Insurance
- Worker's Compensation Affidavit Form Completed
- Fee Paid

### **NEW DRAIN LAYERS PERMIT CHECKLIST**

- Certificate of Liability insurance
- Worker's Compensation Affidavit Form Completed
- 2 Letters of Recommendation/ Copies of Permits
- Fee Paid

## **DISPOSAL WORKS**

### **DISPOSAL WORKS RENEWAL PERMIT**

- Certificate of Liability Insurance
- Worker's Compensation Affidavit Form Completed
- Fee Paid

### **NEW DISPOSAL WORKS PERMIT**

- Certificate of Liability insurance
- Worker's Compensation Affidavit Form Completed
- 2 Letters of Recommendation/ Copies of Permits
- Fee Paid