



TOWN OF  
**CHESTER, MASSACHUSETTS**

01011

**BOARD OF HEALTH**  
Nicholas Chiusano  
Elizabeth Massa  
15 Middlefield Street  
Chester, MA 01011  
413-354-7781  
ChesterHealth@comcast.net

**Application for Septic Plan Review \$100.00 Fee**

Date : \_\_\_\_\_ Site Address: \_\_\_\_\_

Town of: \_\_\_\_\_ Assessor's Map#: \_\_\_\_\_ Lot # \_\_\_\_\_

Name of Owner (s): \_\_\_\_\_

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

Phone #: \_\_\_\_\_

Engineering Firm, Address, Telephone: \_\_\_\_\_  
\_\_\_\_\_

Contractor Firm, Address, Telephone: \_\_\_\_\_  
\_\_\_\_\_

Repair or New Construction: \_\_\_\_\_ Repair \_\_\_\_\_ New Construction

Cause of Failure, if known: \_\_\_\_\_

Application Fee: \$100.00

Note: Fee must accompany application:  
Please make check payable to : Town of Chester