



# Town of Brookfield

## BOARD OF HEALTH

6 Central Street

Brookfield, Massachusetts 01506

Tel: (508) 867-2930 Ext. 22 / Fax: (508) 867-5091

### APPLICATION FOR PERCOLATION & DEEPHOLE SOILS EVALUATION

**FEES:** Residential: \$150.00 perc  
\$150 Septic Application/Plan Review

**DATE:** \_\_\_\_\_

Checks made payable to the Town of Brookfield  
APPLICATION FEES ARE NON-REFUNDABLE

**MAP:** \_\_\_\_\_ **PARCEL:** \_\_\_\_\_ (available at assessors office)

**TESTING LOCATION:** \_\_\_\_\_  
(Include Lot Number or Street number – if unknown put closest utility pole number to test site)

**Type of Building Proposed:** Residential ( ) Commercial ( ) Other ( )

Name of Applicant: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

Name & Address of Owner: \_\_\_\_\_

Name of Contractor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name of Engineer: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address of Engineer: \_\_\_\_\_

Proposed Water Supply to Lot: ( ) Municipal ( ) Well

Previous Testing of Lot: Date: \_\_\_\_\_ Engineer: \_\_\_\_\_

Test Results: Percolation Rate \_\_\_\_\_ MPI Groundwater Level: \_\_\_\_\_

Signature or Applicant: \_\_\_\_\_

*By my signature I certify that I have the authority or have gained the authority to access the above-mentioned property for the purpose of Title 5 soils testing*

- Appointments are scheduled by having the Engineer listed above contact the Board of Health Engineer, Chris Florence (508) 612-1758
- Your email **MUST** include the following:
  1. Permit Number
  2. Location of Testing (Street number and/or utility pole number)
  3. Return contact information including name, engineering firm and phone number.
- This application will be valid for a period of one (1) year from the date listed above.
- A completed soils test will be valid for a period of two (2) years.
- **Percolation/soils evaluation results are due in this office no later than 60 days from date of testing. All results must be submitted on DEP approved soils data forms.**