



# OFFICE OF THE BOARD OF HEALTH TOWN OF BROOKFIELD

6 Central Street • Brookfield, MASSACHUSETTS 01506  
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www.brookfieldma.us Email: boardofhealth@brookfieldma.us

FEEs: \$150.00 Perc Test PERMIT #: \_\_\_\_\_  
\$150 Septic Application/Plan Review BOH Use Only

## APPLICATION FOR DEEPHOLE SOILS EVALUATION/PERCOLATION

Applicant's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Owner's Name (if different): \_\_\_\_\_ Telephone: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Soil Evaluator's Name: \_\_\_\_\_ Company: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Test Site Address: \_\_\_\_\_

Assessor's Map: \_\_\_\_\_ Assessor's Lot/Parcel: \_\_\_\_\_

Proposed water supply to lot: Public Water Supply ( ) Private Well ( )

New Construction ( ) Repair: No increase in Flow ( ) Repair: Increase in Flow ( )

Name/Address of Engineer: \_\_\_\_\_ Name/Address of Contractor: \_\_\_\_\_


\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

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

 Applications are to be returned to the Brookfield Board of Health.  
Appointments are scheduled by having the Engineer listed above contact the LRPHC Board of Health Engineer/ Agent at (508) 892-7008.



**FEES DUE AT TIME OF APPLICATION SUBMITTAL**  
Checks made payable to the Town of Brookfield  
**APPLICATION FEES are NON-REFUNDABLE**