



OFFICE OF THE BOARD OF HEALTH TOWN OF BROOKFIELD

6 Central Street • Brookfield, MASSACHUSETTS 01506
TELEPHONE: (508) 867-2930 x 22 • FAX: (508) 867-5091
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