



# 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:** NEW CONSTRUCTION \$325.00 (Includes up to two (2) percs and four (4) deep holes)  
REPAIR (Includes up to one (1) percs and two (2) deep holes \$150.00  
Each Additional Deep Hole \$100.00

PERMIT #: _____  BOH Use Only
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**Fees due at time of application submittal. CHECKS payable to TOWN OF BROOKFIELD**

## APPLICATION FOR DEEPHOLE SOILS EVALUATION/PERCOLATION

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

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

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: \_\_\_\_\_

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

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

*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. **APPLICATION FEES are NON-REFUNDABLE**

