

TOWN OF NORTH BROOKFIELD

Office of the Board of Health

215 N. Main St.

North Brookfield, MA 01535

Soil Evaluation and Percolation Test Application Form

*Please make check payable to: Town of North Brookfield
Fee \$175.00/lot*

Applicant Name: _____

Address: _____

Applicant Phone : _____ Fax: _____

Email Address: _____

Property Owner: _____

Property Owner Address: _____

Soil Evaluator Name: _____

Soil Evaluator Address: _____

Site Information

Site Address (Street number required) : _____

Repair or New Constuction _____ # of Lots to be Tested _____

Assessor Map & Parcel (Required if no street number): _____

Note: Street number, Map & Parcel information can be obtained from :

Assessors Office @ 508-867-0209

Nearest Telephone Pole #: _____ Plan of Land Supplied: _____

Previously tested: _____ If Yes, Date (s): _____

For Official Use Only

Date Application Received by BOH: _____

Payment Received (Date & Amount): _____

Date of Test: _____

Report Received: _____

Design Perc Rate: _____ Seasonal High GW EI _____

Parent material _____