



TOWN OF NORTH BROOKFIELD
MASSACHUSETTS 01535

OFFICE OF THE BOARD OF HEALTH

215 North Main Street

Telephone: 508-867-0201

Fax: 508-867-0046

Email: health@northbrookfield.net

Website: www.northbrookfield.net

Soil Evaluation and Percolation Test Application Form

Please make checks payable to: Town of North Brookfield

Fee: \$300.00/Lot New System \$200.00/Lot Repair System

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 Construction: _____ # of Lots to be Tested: _____

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

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

Assessor's 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:** _____