

**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](mailto:health@northbrookfield.net)  
Website: [www.northbrookfield.net](http://www.northbrookfield.net)

## On-Site Wastewater System Construction

Repairing your on-site wastewater system, or building a new one? Here's a step-by-step process of the North Brookfield Board of Health's involvement!

Please note this guide applies only to systems being installed in North Brookfield.

### 1. COMPLETE A PERC TEST

A soil percolation test is done to determine a site's suitability for an on-site wastewater system. To have a perc test done, you must first submit a Perc Test Application to North Brookfield's Health Department (application on website) and pay the **\$300 (new) \$200 (repair)** town fee. If the test passes, you may move forward with the project.

### 2. SUBMIT A SEPTIC DESIGN PLAN TO OUR OFFICE

An engineer must be hired to create a design plan for how the system will be installed. Here is a list of what we need:

- 4 copies of the design plan
- signed copy of Form 1A
- Form 11 & Form 12
- Signed copy of Form 9A

You must pay the fee for the plan review upon submission. You can also pay upfront for the inspections, LUA's, and Certificate of Compliance fees (we prefer this!). The Title 5 fee schedule is available on our website – we also have physical copies in our office for you to take home if you need it.

### 3. WAIT A MAXIMUM OF 45 DAYS FOR YOUR PLAN TO BE REVIEWED

Our Title 5 Agent gets **45 days** to review design materials, starting on the date our office stamps in what you've submitted to us. We rarely take this long to review plans, so please check in if you don't hear back within a couple weeks.

### 4. YOUR DESIGN PLAN WAS APPROVED! NOW WHAT?

You now have **3 years** from the date your design plan was approved by our Title 5 Agent to install the system. Make sure your installer is licensed to do work in North Brookfield!

### 5. HAVE YOUR SYSTEM INSPECTED DURING THE INSTALLATION PROCESS

While your system is being installed, there needs to be coordination with our Title 5 Agent to have inspections done in various parts of the process. The inspections you need are:

- Bottom (Dig-out)
- Component
- Finish Grade/Stabilization

Make sure you have paid the Town fee for each inspection!

### 6. ONCE INSTALLATION IS COMPLETE, SUBMIT A COC AND AS-BUILT PLAN TO US

In order to complete your application with us, you submit:

- Certificate of Compliance (COC), which must be signed by your installer & engineer before submission
- 3 copies of the As-Built plan

Our Title 5 agent will review and confirm that your on-site wastewater system is in compliance with Title 5 regulations and the Town construction permit issued to your project. Please note these materials cannot be reviewed until all Title 5 fees are paid.

### 7. WE SEND YOU A COPY OF YOUR COC & AS-BUILT PLAN FOR YOUR RECORDS

And the process is complete! We will keep everything you submitted to us on file at the Board of Health office, should you, an inspector, or future resident of your property ever need to access them. **Thank you for working with us!**

## Septic Payment Process

**Each payment is due before the step can begin and progress.**

Please make checks payable to *Town of North Brookfield*

Additional needed plan re-reviews are an added \$100.

PAYMENT OPTIONS: Initial Plan Review only, remaining fees collected when construction permit is issued (following plan review).

PREFERRED: Initial Plan Review, Construction Permit, Bottom Test, Component Inspection, Final Inspection/COC all together.

Perc Test	300 new, 200 repair
Construction Permit & Plan Reviews	400 (100 + 300)
Inspections (bottom, component, final)	100 (each)
As Built Plan Review & Certificate of Compliance	75
<b>Total (without re-reviews)</b>	<b>1075 (new) 975 (repair)</b>



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## 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: \_\_\_\_\_



Commonwealth of Massachusetts  
 City/Town of  
**Percolation Test**  
 Form 12

Percolation test results must be submitted with the Soil Suitability Assessment for On-site Sewage Disposal. DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with the local Board of Health to determine the form they use.

**Important:** When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



**A. Site Information**

Owner Name \_\_\_\_\_

Street Address or Lot # \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Person (if different from Owner) \_\_\_\_\_ Telephone Number \_\_\_\_\_

**B. Test Results**

	Date	Time	Date	Time
Observation Hole #	_____	_____	_____	_____
Depth of Perc	_____	_____	_____	_____
Start Pre-Soak	_____	_____	_____	_____
End Pre-Soak	_____	_____	_____	_____
Time at 12"	_____	_____	_____	_____
Time at 9"	_____	_____	_____	_____
Time at 6"	_____	_____	_____	_____
Time (9"-6")	_____	_____	_____	_____
Rate (Min./Inch)	_____	_____	_____	_____
	Test Passed:	<input type="checkbox"/>	Test Passed:	<input type="checkbox"/>
	Test Failed:	<input type="checkbox"/>	Test Failed:	<input type="checkbox"/>

Test Performed By: \_\_\_\_\_

Board of Health Witness \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



## Form 11 - Soil Suitability Assessment for On-Site Sewage Disposal

### A. Facility Information

Owner Name \_\_\_\_\_ Map/Lot # \_\_\_\_\_

Street Address \_\_\_\_\_ Zip Code \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

### B. Site Information

- (Check one)  New Construction  Upgrade
- Soil Survey \_\_\_\_\_ Soil Map Unit \_\_\_\_\_ Soil Series \_\_\_\_\_  
Source \_\_\_\_\_
- Landform \_\_\_\_\_ Soil Limitations \_\_\_\_\_  
Soil Parent material \_\_\_\_\_
- Surficial Geological Report \_\_\_\_\_ Year Published/Source \_\_\_\_\_ Map Unit \_\_\_\_\_  
Description of Geologic Map Unit: \_\_\_\_\_
- Flood Rate Insurance Map \_\_\_\_\_ Within a regulatory floodway?  Yes  No
- Within a velocity zone?  Yes  No
- Within a Mapped Wetland Area?  Yes  No
- Current Water Resource Conditions (USGS): \_\_\_\_\_  
Range:  Above Normal  Normal  Below Normal  
Wetland Type \_\_\_\_\_  
If yes, MassGIS Wetland Data Layer: \_\_\_\_\_  
Month/Day/ Year \_\_\_\_\_
- Other references reviewed: \_\_\_\_\_  
(Zone II, IWPA, Zone A, EEA Data Portal, etc.) \_\_\_\_\_



# Form 11 - Soil Suitability Assessment for On-Site Sewage Disposal

## C. On-Site Review (minimum of two holes required at every proposed primary and reserve disposal area)

Deep Observation Hole Number:          Hole #          Date          Time          Weather          Latitude          Longitude         

1. Land Use          (e.g., woodland, agricultural field, vacant lot, etc.) Vegetation          Surface Stones (e.g., cobbles, stones, boulders, etc.)          Slope (%)         

Description of Location:         

2. Soil Parent Material:          Landform          Position on Landscape (SU, SH, BS, FS, TS, Plain)         

3. Distances from: Open Water Body          feet Drainage Way          feet Wetlands          feet  
Property Line          feet Drinking Water Well          feet Other          feet

4. Unsuitable Materials Present:  Yes  No If Yes:  Disturbed Soil/Fill Material  Weathered/Fractured Rock  Bedrock

5. Groundwater Observed:  Yes  No If yes:          Depth to Weeping in Hole          Depth to Standing Water in Hole         

### Soil Log

Depth (in)	Soil Horizon /Layer	Soil Texture (USDA)	Soil Matrix: Color-Moist (Munsell)	Redoximorphic Features		Coarse Fragments % by Volume		Soil Structure	Soil Consistence (Moist)	Other
				Depth	Color	Percent	Gravel			
				Cnc : Dpl:						
				Cnc : Dpl:						
				Cnc : Dpl:						
				Cnc : Dpl:						
				Cnc : Dpl:						
				Cnc : Dpl:						

Additional Notes:



Commonwealth of Massachusetts  
City/Town of

**Form 11 - Soil Suitability Assessment for On-Site Sewage Disposal**

**C. On-Site Review** (minimum of two holes required at every proposed primary and reserve disposal area)

Deep Observation Hole Number:            Hole #            Date            Time            Weather            Latitude            Longitude           

1. Land Use:            (e.g., woodland, agricultural field, vacant lot, etc.) Vegetation            Surface Stones (e.g., cobbles, stones, boulders, etc.)            Slope (%)           

Description of Location:           

2. Soil Parent Material:            Landform            Position on Landscape (SU, SH, BS, FS, TS, Plain)           

3. Distances from:            feet            feet            feet            feet            feet            feet            feet            feet

Open Water Body            feet            feet            feet            feet            feet            feet            feet            feet

Drainage Way            feet            feet            feet            feet            feet            feet            feet            feet

Wetlands            feet            feet            feet            feet            feet            feet            feet            feet

Property Line            feet            feet            feet            feet            feet            feet            feet            feet

Drinking Water Well            feet            feet            feet            feet            feet            feet            feet            feet

Other            feet            feet            feet            feet            feet            feet            feet            feet

4. Unsuitable Materials Present:  Yes  No If Yes:  Disturbed Soil/Fill Material  Weathered/Fractured Rock  Bedrock

5. Groundwater Observed:  Yes  No If yes:            Depth to Weeping in Hole            Depth Standing Water in Hole           

**Soil Log**

Depth (in)	Soil Horizon /Layer	Soil Texture (USDA)	Soil Matrix: Color-Moist (Munsell)	Redoximorphic Features		Coarse Fragments % by Volume		Soil Structure	Soil Consistence (Moist)	Other
				Depth	Color	Percent	Gravel			
				Cnc :						
				Dpl:						
				Cnc :						
				Dpl:						
				Cnc :						
				Dpl:						
				Cnc :						
				Dpl:						
				Cnc :						
				Dpl:						

Additional Notes:



# Form 11 - Soil Suitability Assessment for On-Site Sewage Disposal

## D. Determination of High Groundwater Elevation

1. Method Used (Choose one):

- Depth to soil redoximorphic features  
Obs. Hole # \_\_\_\_\_ inches      Obs. Hole # \_\_\_\_\_ inches
- Depth to observed standing water in observation hole  
\_\_\_\_\_ inches      \_\_\_\_\_ inches
- Depth to adjusted seasonal high groundwater ( $S_h$ )  
(USGS methodology)  
\_\_\_\_\_ inches      \_\_\_\_\_ inches

Index Well Number \_\_\_\_\_ Reading Date \_\_\_\_\_

$$S_h = S_c - [S_r \times (OW_c - OW_{max}) / OW_r]$$

Obs. Hole/Well# \_\_\_\_\_  $S_c$  \_\_\_\_\_  $S_r$  \_\_\_\_\_  $OW_c$  \_\_\_\_\_  $OW_{max}$  \_\_\_\_\_  $OW_r$  \_\_\_\_\_  $S_h$  \_\_\_\_\_

## E. Depth of Pervious Material

1. Depth of Naturally Occurring Pervious Material

- a. Does at least four feet of naturally occurring pervious material exist in all areas observed throughout the area proposed for the soil absorption system?  
 Yes     No
- b. If yes, at what depth was it observed (exclude O, A, and E Horizons)?  
Upper boundary: \_\_\_\_\_ inches      Lower boundary: \_\_\_\_\_ inches
- c. If no, at what depth was impervious material observed?  
Upper boundary: \_\_\_\_\_ inches      Lower boundary: \_\_\_\_\_ inches





Commonwealth of Massachusetts  
City/Town of

**Form 11 - Soil Suitability Assessment for On-Site Sewage Disposal**

**F. Certification**

I certify that I am currently approved by the Department of Environmental Protection pursuant to 310 CMR 15.017 to conduct soil evaluations and that the above analysis has been performed by me consistent with the required training, expertise and experience described in 310 CMR 15.017. I further certify that the results of my soil evaluation, as indicated in the attached Soil Evaluation Form, are accurate and in accordance with 310 CMR 15.100 through 15.107.

Signature of Soil Evaluator \_\_\_\_\_ Date \_\_\_\_\_

Typed or Printed Name of Soil Evaluator / License # \_\_\_\_\_ Expiration Date of License \_\_\_\_\_

Name of Approving Authority Witness \_\_\_\_\_ Approving Authority \_\_\_\_\_

**Note:** In accordance with 310 CMR 15.018(2) this form must be submitted to the approving authority within 60 days of the date of field testing, and to the designer and the property owner with [Percolation Test Form 12](#).

**Field Diagrams:** Use this area for field diagrams:



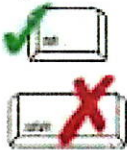
Commonwealth of Massachusetts  
 City/Town of  
**Application for Disposal System  
 Construction Permit**  
 Form 1A

Number \_\_\_\_\_  
 \$ \_\_\_\_\_  
 Fee \_\_\_\_\_

DEP has provided this form for use by local Boards of Health if they choose to do so. Before using the form, check with your local Board of Health to make sure that they will accept it.

**A. Facility Information**

**Important:**  
 When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



Application is hereby made for a permit to:  Construct a new on-site sewage disposal system  
 Repair or replace an existing on-site sewage disposal system  
 Repair or replace an existing system component

**1. Location of Facility:**

Address or Lot # \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**2. Owner Information**

Name \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

**3. Installer Information**

Name \_\_\_\_\_ Name of Company \_\_\_\_\_

Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

**4. Designer Information**

Name \_\_\_\_\_ Name of Company \_\_\_\_\_

Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_



Commonwealth of Massachusetts  
 City/Town of  
**Application for Disposal System  
 Construction Permit**  
 Form 1A

Number \_\_\_\_\_  
 \$ \_\_\_\_\_  
 Fee

**A. Facility Information** (continued)

5. Type of Building:

Dwelling

Garbage Grinder (check if present)

Other: Type of Building \_\_\_\_\_

Number of Persons Served \_\_\_\_\_

Showers

Number of showers \_\_\_\_\_

Cafeteria

Other fixtures

Specify other fixtures: \_\_\_\_\_

6. Design Flow:

\_\_\_\_\_ Gallons per Day

Calculated Daily Flow:

\_\_\_\_\_ Gallons

7. Plan:

\_\_\_\_\_ Date of Original

\_\_\_\_\_ Number of Sheets

\_\_\_\_\_ Revision Date

\_\_\_\_\_ Title of Plan

8. Description of Soil:

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

9. Nature of Repairs or Alterations (if applicable):

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

10. Date last inspected:

\_\_\_\_\_ Date



Commonwealth of Massachusetts  
 City/Town of  
**Application for Disposal System  
 Construction Permit**  
 Form 1A

Number \_\_\_\_\_  
 \$ \_\_\_\_\_  
 Fee

**B. Agreement**

The undersigned agrees to ensure the construction and maintenance of the aforescribed on-site sewage disposal system in accordance with the provisions of Title 5 of the Environmental Code and not to place the system in operation until a Certificate of Compliance has been issued by this Board of Health.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Application Approved By:

Name \_\_\_\_\_ Date \_\_\_\_\_

Application **Disapproved** for the following reasons:

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



Commonwealth of Massachusetts  
City/Town of NORTH BROOKFIELD

# Form 9A – Application for Local Upgrade Approval

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with your local Board of Health to determine the form they use.

Form 9A is to be submitted to the Local Board of Health for the upgrade of a failed or nonconforming septic system with a design flow of less than 10,000 gpd, where full compliance, as defined in 310 CMR 15.404(1), is not feasible.

System upgrades that cannot be performed in accordance with 310 CMR 15.404 and 15.405, or in full compliance with the requirements of 310 CMR 15.000, require a variance pursuant to 310 CMR 15.410 through 15.415.

**NOTE:** Local upgrade approval shall not be granted for an upgrade proposal that includes the addition of a new design flow to a cesspool or privy, or the addition of a new design flow above the existing approved capacity of an on-site system constructed in accordance with either the 1978 Code or 310 CMR 15.000.

## A. Facility Information

**Important:** When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



1. Facility Name and Address:

Name

Street Address

City/Town

State

Zip Code

2. Owner Name and Address (if different from above):

Name

Street Address

City/Town

State

Zip Code

Telephone Number

3. Type of Facility (check all that apply):

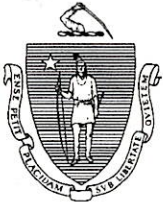
Residential     Institutional     Commercial     School

4. Describe Facility:

5. Type of Existing System:

Privy     Cesspool(s)     Conventional     Other (describe below):

6. Type of soil absorption system (trenches, chambers, leach field, pits, etc):



# Form 9A – Application for Local Upgrade Approval

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with your local Board of Health to determine the form they use.

## A. Facility Information (continued)

7. Design Flow per 310 CMR 15.203:

Design flow of existing system:	_____	gpd
Design flow of proposed upgraded system	_____	gpd
Design flow of facility:	_____	gpd

## B. Proposed Upgrade of System

1. Proposed upgrade is (check one):

Voluntary       Required by order, letter, etc. (attach copy)

Required following inspection pursuant to 310 CMR 15.301: \_\_\_\_\_  
date of inspection

2. Describe the proposed upgrade to the system:

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

3. Local Upgrade Approval is requested for (check all that apply):

Reduction in setback(s) – describe reductions:

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

Reduction in SAS area of up to 25%: \_\_\_\_\_  
SAS size, sq. ft.      % reduction

Reduction in separation between the SAS and high groundwater:

Separation reduction \_\_\_\_\_  
ft.

Percolation rate \_\_\_\_\_  
min./inch

Depth to groundwater \_\_\_\_\_  
ft.



# Form 9A – Application for Local Upgrade Approval

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with your local Board of Health to determine the form they use.

## B. Proposed Upgrade of System (continued)

Relocation of water supply well (explain):

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Reduction of 12-inch separation between inlet and outlet tees and high groundwater

Use of only one deep hole in proposed disposal area

Use of a sieve analysis as a substitute for a perc test

Other requirements of 310 CMR 15.000 that cannot be met – describe and specify sections of the Code:

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If the proposed upgrade involves a reduction in the required separation between the bottom of the soil absorption system and the high groundwater elevation, an Approved Soil Evaluator must determine the high groundwater elevation pursuant to 310 CMR 15.405(1)(h)(1). **The soil evaluator must be a member or agent of the local approving authority.**

High groundwater evaluation determined by:

\_\_\_\_\_  
Evaluator's Name (type or print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of evaluation

## C. Explanation

Explain why full compliance, as defined in 310 CMR 15.404(1), is not feasible. (Each section must be completed)

1. An upgraded system in full compliance with 310 CMR 15.000 is not feasible:

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2. An alternative system approved pursuant to 310 CMR 15.283 to 15.288 is not feasible:

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# Form 9A – Application for Local Upgrade Approval

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with your local Board of Health to determine the form they use.

## C. Explanation (continued)

3. A shared system is not feasible:

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4. Connection to a public sewer is not feasible:

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5. The Application for Local Upgrade Approval must be accompanied by all of the following (check the appropriate boxes):

- Application for Disposal System Construction Permit
- Complete plans and specifications
- Site evaluation forms
- A list of abutters affected by reduced setbacks to private water supply wells or property lines. Provide proof that affected abutters have been notified pursuant to 310 CMR 15.405(2).
- Other (List):

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## D. Certification

"I, the facility owner, certify under penalty of law that this document and all attachments, to the best of my knowledge and belief, are true, accurate, and complete. I am aware that there may be significant consequences for submitting false information, including, but not limited to, penalties or fine and/or imprisonment for deliberate violations."

\_\_\_\_\_  
Facility Owner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Name of Preparer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Preparer's address

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
State/ZIP Code

\_\_\_\_\_  
Telephone