



**TOWN OF BRIMFIELD**  
COMMONWEALTH OF MASSACHUSETTS  
**BOARD OF HEALTH**

23 Main Street  
PO Box 76  
Brimfield, MA 01010  
(413) 245-4100 x3  
(413) 245-4107 Fax

**Percolation Test / Deep Observation Test Hole Application**

*Please Fill Out Completely*

Engineer must call the Brimfield Board of Health Agent James Robida to set time and date of testing. (774) 230-4266

Name of person requesting percolation test: \_\_\_\_\_ Telephone # \_\_\_\_\_

Address of property: **MUST INCLUDE MAP AND PARCEL IF NO ASSIGNED STREET NUMBER**

Owner of record: \_\_\_\_\_ Telephone # \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Date and time of percolation test: \_\_\_\_\_ Number of tests: \_\_\_\_\_

Please check one:     Repair         New Construction

Name of engineer: \_\_\_\_\_ Telephone # \_\_\_\_\_

Name of backhoe operator: \_\_\_\_\_ Telephone # \_\_\_\_\_

Please return complete application along with percolation test fee\* (Payable to Town of Brimfield), copy of assessors map, and directions to property to:

**Brimfield Board of Health  
P.O. Box 76  
Brimfield, MA 01010**

\*Percolation test fee per lot is \$300      (See attached fee schedule for associated fees)

For more information or if you have any questions, please contact the Board of Health Office at 413-245-4100 X 3.

Please be advised that cancellation of a scheduled perc less than 48 hours in advance will result in forfeiture of the \$300 fee. A new application and fee will be due in order to re-schedule with the agent.

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**For Office Use Only**

Amount paid: \_\_\_\_\_ Date received: \_\_\_\_\_

Check paid by: \_\_\_\_\_ Check # \_\_\_\_\_ Perc # \_\_\_\_\_