

TOWN OF BRIMFIELD

COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

23 Main Street Brimfield, MA 01010 (413) 245-4100 x3 (413) 245-4102 Fax

Percolation Test / Deep Observation Test Hole Application

Please Fill Out Completely

Engineer must call the Brimfield Board of Health Agent to set time and date of testing.

Jamie Terry #413-245-4100 x 1103

Name of person requesting	g percolation test:		Telephone #
Address of property: MUST INCLUDE MAP AND PARCEL IF NO ASSIGNED STREET NUMBER			
Owner of record:			Telephone #
Owner's Address:			
			Number of tests:
Please check one:	□ Repair □	New Construc	tion
Name of engineer:		The state of the s	Telephone #
Name of backhoe opera	ator:	Management of the second of th	Telephone #
— Attach copy of signed Trench Permit Application from Building Department.			
Please return complete copy of assessors map,	application along wi and directions to pr	th percolation te operty to:	st fee* (Payable to Town of Brimfield)
	Brimfield Board o 23 Main Street Brimfield, MA 010		
*Percolation test fee per	r lot is \$300 (Se	ee 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.			
			than 48 hours in advance will result e due in order to re-schedule with
********			*************
	For	Office Use Only	
Amount paid:			Date received:
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Engineer must call the Brimfield Board of Health Agent to set time and date of testing. Jamie Terry #413-245-4100 x 1103 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: _____ □ New Construction Please check one: Name of engineer: Telephone # Name of backhoe operator: Telephone # — Attach copy of signed Trench Permit Application from Building Department. 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 23 Main Street 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. For Office Use Only Date received: Amount paid: _____

Check paid by: _____ Check #____ Perc #___