



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 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 # _____

— **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)*

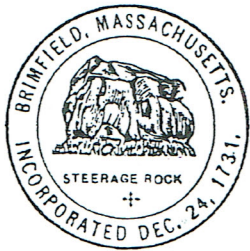
For more information or if you have any questions, please contact the Board of Health Office at **413-245-4100 X 3.**

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

Amount paid: _____ Date received: _____

Check paid by: _____ Check # _____ Perc # _____



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