



**Town of Berkley**  
Massachusetts  
Offices of  
**Board of Health**  
One North Main Street  
Berkley, MA 02779

Phone: 508-822-7828  
Fax: 508-386-2100  
Email: [Boardofhealth@berkleyma.us](mailto:Boardofhealth@berkleyma.us)

**Application for Minor Septic Repair**

Date: \_\_\_\_\_

TYPE OF REPAIR: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Address of Repair: \_\_\_\_\_

Phone/Cell: \_\_\_\_\_

Engineer (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

License: \_\_\_\_\_

Installer: \_\_\_\_\_

Berkley License: \_\_\_\_\_

Phone: \_\_\_\_\_

Applications must be submitted with fee. Check or Money order made out to Town of Berkley.

Fees will vary depending on repair being made. Replace D-Box \$125, Tank Replacement \$125.

Tank Replacement will require a newly engineered plan.

**Applications must be completed in full- No Exceptions**

\_\_\_\_\_  
James Romano, Chairman

\_\_\_\_\_  
Ann Marie Rapoza, Member

\_\_\_\_\_  
Dan Fournier, Clerk