



**Board of Health**  
**Plainville, Massachusetts**  
190 South Street - P. O. Box 1717 - 02762

Phone: 508-695-3142, ext. 5  
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REVISED 07/21/24

**APPLICATION FOR PERMEABILITY/SOIL TESTING**

**\$800.00 Deposit (additional fee's may apply)**

Application Date: \_\_\_\_\_ Test Requested Date: \_\_\_\_\_ Fee Paid: \_\_\_\_\_

**NAME OF PROJECT:** \_\_\_\_\_

**LOCATION** (Street Address): \_\_\_\_\_

MAP NUMBER: \_\_\_\_\_ PARCEL/LOT NUMBER: \_\_\_\_\_ BUILDERS LOT # \_\_\_\_\_  
(IF APPLICABLE)

ENGINEER COMPANY NAME: \_\_\_\_\_

ENGINEER CONTACT NAME: \_\_\_\_\_

ENGINEER ADDRESS: \_\_\_\_\_

ENGINEER PHONE: \_\_\_\_\_ E-mail: \_\_\_\_\_

**ENGINEER SIGNATURE:** \_\_\_\_\_

***Attach plan showing proposed test location  
Permeability test MUST be witnessed by the Board of Health or its Agent  
Engineer MUST schedule the test a minimum of 2 weeks prior to testing  
More advanced notice may be needed to schedule testing***

DRILLING CONTRACTOR: \_\_\_\_\_

DRILLING CONTACT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-mail: \_\_\_\_\_

PROPERTY OWNERS NAME: \_\_\_\_\_

PROPERTY OWNERS ADDRESS: \_\_\_\_\_

PROPERTY OWNERS PHONE: \_\_\_\_\_ E-mail: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_

APPLICANT CONTACT: \_\_\_\_\_

APPLICANT ADDRESS: \_\_\_\_\_

APPLICANT PHONE: \_\_\_\_\_ E-mail: \_\_\_\_\_

**SIGNATURE OF APPLICANT:** \_\_\_\_\_

HEALTH AGENT: \_\_\_\_\_