



Board of Health

Plainville, Massachusetts

190 South Street - P. O. Box 1717 - 02762

Phone: 508-695-3142, ext. 5

Fax: 508-695-3927

BOH@plainville.ma.us

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: _____