



# Board of Health

Plainville, Massachusetts

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

Telephone: 508-695-3142 X16

Fax: 508-695-3927

REVISED 5/06/15

## APPLICATION FOR PERCOLATION TEST

### CHECK BOX THAT APPLIES

TODAY'S DATE: \_\_\_\_\_

REQUESTED DATE: \_\_\_\_\_

FEES PAID: \_\_\_\_\_

- \$250.00 - New Construction (per lot, 4 hr max.)
- \$200.00 - Repair Existing System (4 hr max.)  
\*\*Assessors field card must be attached\*\*
- \$100.00 - Foundation Only
- Overnight Saturation (above fee's apply)

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

MAP#: \_\_\_\_\_ LOT#: \_\_\_\_\_ BUILDERS LOT #: \_\_\_\_\_ TRENCH PERMIT #: \_\_\_\_\_  
(SEE BUILDING DEPT)

- TOWN WATER
- WELL WATER

\_\_\_\_\_ NUMBER OF BEDROOMS

\_\_\_\_\_ TOTAL NUMBER OF ROOMS IN DWELLING

\_\_\_\_\_ GARBAGE DISPOSAL (yes or no)

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

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

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

ENGINEER PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

**ENGINEER MUST CALL THE HEALTH AGENT TO SCHEDULE TEST**

**KELLY PAWLUCZONEK - 508-695-3142, EXT 30**

SOIL SITE EVALUATOR NAME: \_\_\_\_\_

COMPANY NAME (If Applicable): \_\_\_\_\_

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

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

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

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

PROPERTY OWNERS PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

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

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

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

APPLICANT PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

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