



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

TODAY'S DATE: _____

REQUESTED DATE: _____

FEE PAID: _____

CHECK BOX THAT APPLIES

- ☐ \$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 #: _____
(IF APPLICABLE) (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: _____