



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

Telephone: 508-695-3142 X16  
Fax: 508-695-3927

REVISED 12/07/10

**APPLICATION FOR PERMEABILITY TEST**

**\$250.00 PER INFILTRATION LOCATION**

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:** \_\_\_\_\_ **E:MAIL:** \_\_\_\_\_

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

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

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

***ATTACH PLAN SHOWING PROPOSED TEST LOCATIONS  
COPY TO BE BROUGHT THE DAY OF THE TEST AND GIVEN TO THE AGENT  
ENGINEER MUST CALL THE HEALTH AGENT TO SCHEDULE TEST  
TESTING MUST BE OBSERVED BY THE BOARD OF HEALTH AGENT***

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

**DRILLING CONTACT NAME:** \_\_\_\_\_ **E:MAIL:** \_\_\_\_\_

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

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

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

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

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

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

**APPLICANT CONTACT NAME:** \_\_\_\_\_ **E:MAIL:** \_\_\_\_\_

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

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

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

**HEALTH AGENT:** WILLIAM DOMEY **PHONE:** 508-653-5530 **FAX:** 508-653-5530