



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

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

REVISED 1/13/09

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 _____ NUMBER OF BEDROOMS _____
- WELL WATER _____ 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
FRANK WOJCIECHOWSKI - 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: _____