



Board of Health

Plainville, Massachusetts

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

Phone: 508-695-3142, ext. 5

REVISED 8/04/21

APPLICATION FOR SOIL & PERCOLATION TESTING

CHECK BOX THAT APPLIES

TODAY'S DATE: _____

\$250.00 - New Construction (per lot, 4 hr max.)

REQUESTED DATE: _____

\$200.00 - Repair Existing System (4 hr max.)
Assessors field card must be attached

FEE PAID: _____

\$100.00 - Foundation Only

Overnight Saturation (above fee's apply)

SOIL/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 NAME: _____

ENGINEER ADDRESS: _____

ENGINEER PHONE: _____ E-MAIL: _____

ENGINEER MUST CALL THE HEALTH AGENT TO SCHEDULE TESTING

508-695-3142, EXT. 5

SOIL SITE EVALUATOR NAME: _____

COMPANY NAME (If Applicable): _____

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: _____