

**Town of East Bridgewater
Board of Health**

APPLICATION FOR PERCOLATION TESTING

Applicant name: _____ phone: _____

Owner name: _____ phone: _____

Perc Location (address/map,lot): _____

Number of Lots: _____ Amount paid: _____ (\$200.00 per lot)

Engineer/Representative: _____ phone: _____

CONSERVATION AFFIDAVIT

I understand that it is my responsibility to notify the East Bridgewater Conservation Commission for regulatory review of any field work to be done within the 50' and 100' buffer zone from a delineated wetland as designated by the East Bridgewater Conservation Commission.

Signature of applicant/owner or representative

date

*****NO PERC TESTS WILL BE SCHEDULED UNTIL A TRENCH PERMIT HAS BEEN SUBMITTED TO THE BOH. TRENCH PERMITS CAN BE OBTAINED FROM THE DPW, 100 WILLOW AVE.*****

*****ALL FEES MUST BE PAID PRIOR TO SCHEDULING*****

TO BE COMPLETED BY BOH

Date Received: _____

Trench Permit Received: Yes or No

Payment Received: Yes or No

Amount Paid \$ _____ Check# _____

Date of Scheduled Perc Test: _____

Return application with fee to:

175 Central Street, East Bridgewater, MA 02333

508.378.1612 508.378.3946(fax)

sabban@eastbridgewaterma.gov

Make checks payable to "Town of East Bridgewater"