

TOWN OF FREETOWN
OFFICE OF THE
BOARD OF HEALTH

3 No. Main Street
PO Box 438 – Assonet, MA 02702
508.644.2202

**REQUEST
FOR
PERC TEST**

LOCATION OF PERC: _____

NEW LOT: _____ MAP: _____ LOT: _____

OR

REPAIR: _____ ADDRESS: _____

OWNER: _____

ENGINEER: _____

ADDRESS: _____

TEL. #: _____ CELL #: _____

COST- \$300.00 NEW - PERC TEST = 4 HOLES
\$225.00 REPAIR - PERC TEST = 2 HOLES
\$50.00, EACH ADDITIONAL HOLE

NUMBER OF PERKS REQUESTED _____ AMOUNT ENCLOSED: _____

OFFICE USE

Fee: _____

Check #: _____

Date: _____

Permit #: _____

Requestperc/rev: 5/31/2012