



# TOWN OF FREETOWN

OFFICE OF THE

## BOARD OF HEALTH

3 North Main Street (P. O. Box 438)

Assonet, MA 02702

Tel. (508) 644-2202 Ext. 3

## REQUEST FOR PERC TEST

<b>ADDRESS / LOCATION OF PERC:</b> ➞ _____			
<b>OWNER NAME:</b> ➞ _____			
<b>OR</b>	NEW LOT:	<input type="checkbox"/> ➞	MAP: _____ LOT: _____
	REPAIR:	<input type="checkbox"/>	
<b>ENGINEER:</b> _____			
<b>ENGINEER ADDRESS:</b> _____			
		TEL. #: _____	CELL #: _____
<b>EMAIL:</b> _____			
<b>EXCAVATOR:</b> _____			
<b>EXCAVATOR ADDRESS:</b> _____		MASS. HOISTING LICENSE No. _____	
		LICENSE GRADE: _____	
		EXPIRATION DATE: _____	
		DIG SAFE # _____	

**FEE(S): \$350.00 NEW PERC = 4 HOLES**  
**\$300.00 REPAIR PERC = 2 HOLES**  
**\$50.00 EACH ADDITIONAL HOLE**

**NUMBER OF PERCS REQUESTED** \_\_\_\_\_ **AMOUNT ENCLOSED \$** \_\_\_\_\_

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### FOR OFFICE USE ONLY

Fee: \$ \_\_\_\_\_

Check #: \_\_\_\_\_

Date: \_\_\_\_\_

Permit #: \_\_\_\_\_

DATE OF INSPECTION: \_\_\_\_\_

REQUESTPERC/REV:7/01/2021

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Health Agent