



Town of Fairhaven Board of Health



Town Hall • 40 Center Street • Fairhaven, MA 02719
Telephone: (508) 979-4023 ext. 125 • Fax: (508) 979-4079

Public Health
Prevent. Promote. Protect.

PERC TEST APPLICATION

Name: _____ Date: _____
Mailing Address: _____
Telephone Number: _____ Map: _____ Lot: _____
Perc Address: _____
Nearest Telephone Pole: _____
Has a perc test been performed before? _____ When: _____
Has this parcel been filled? _____ Date: _____
Name of Engineer: _____
Owner/Applicant Signature: _____ Date: _____

Perc tests may be completed at any time of the year weather permitting.

1. Application must be completed with a check for the fee payable to the Town of Fairhaven.
2. The owner/applicant shall arrange with an approved Soil evaluation/Sanitarian engineer to perform the test.
3. The owner/applicant will make arrangements for the contractor, equipment, land clearing, etc. necessary to perform the test.
4. The engineer will coordinate the scheduling of the percolation test with the Board of Health Agent.
5. If more than a perc test has to be done or the Board of Health Agent must take extra visits to the site due to fault of the applicant, engineer and/or contractor will pay an additional fee for each incident.
6. If the contractor or the equipment does not perform excavation in the prescribed time, the Agent may call off a test and the applicant will be liable for the fee.
7. A new application fee will be charged for the cancellation or rescheduling percolation tests if 48 hour notice is not given.
8. Only two perc tests will be done on any site during a single calendar year without permission of the Board of Health Agent.
9. Perc tests may be cancelled at any given time by the Health Agent due to weather or site conditions.
10. Cancelled tests will be rescheduled at the Health Agents next available time, but no more than 30 (thirty) days later.

For Health Dept. Use Only

Approved _____
Health Agent

Denied Reason(s): _____