

Fee: _____ Paid on _____ Cash ____ Check# _____



Town of Fairhaven Board of Health

Town Hall · 40 Center Street · Fairhaven, MA 02719
Telephone: (508) 979-4023 ext. 8125



Public Health
Prevent. Promote. Protect.

PERC TEST APPLICATION FEE: \$250 (NEW) \$100 (REPAIR)

Owner's Name: _____
Applicant Name: _____
Applicant Signature: _____ Date: _____
Mailing Address: _____
Telephone Number: _____ Map: _____ Lot: _____
Perc Address: _____
Name of Soil Evaluator: _____
Excavator: _____

If property is in Conservation Commission jurisdiction (V zone, A Zone other resources) Conservation Committee must first be notified prior to filing a perc test application with the Health Office.

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 evaluator 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. Perc tests may be cancelled at any given time by the Health Agent due to weather or site conditions.
9. 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): _____