



TOWN OF BRIDGEWATER

BOARD OF HEALTH
66 Central Square
BRIDGEWATER, MA 02324

PERC TEST REQUEST FORM

Academy Building
TELEPHONE (508) 697-0903

Date: _____
Fee: \$250 – first 3 hrs
\$550 – full day

APPLICANT:

Name:					
Address:					
City/Town		State:		Zip:	
Phone:					

ENGINEER:

Name:					
Address:					
City/Town		State:		Zip:	
Phone:					

Number of Lots:		Paid:		Percolation Date:		Time:	
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Location of Lot(s): _____
(Assessors Maps & Plots etc)

Perc test information becomes public record upon witnessing of the perc test by the Board of Health and submission of the results to the office.