



# BRIDGEWATER MASSACHUSETTS

## PERC TEST REQUEST FORM

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

Fee: \$250 – first 3 hrs

\$550 – full day

### APPLICANT:

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

### ENGINEER:

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

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

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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.