



TOWN OF WESTPORT Board of Health

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Application for a Percolation Test

_____ \$300 New Construction
_____ \$300 Upgrade
_____ \$75 Repair
_____ \$75 Emergency Repair

Soil Strata: _____
Complete Perc: _____

Date: _____

1. Name of Owner: _____
Telephone: _____
(Home) (Business)

2. Location of Land to be Tested: _____
(Address or Street Name)
A. Assessor's Map & Lot: _____
B. Present Address: _____
(if not living at perc location)

3. Engineer/Soil Evaluator: _____
Telephone: _____

4. Has This Lot Been Previously Tested? Yes _____ No _____
If yes, Date of Last Test: _____

5. Applicant's Signature: _____

6. Scheduled Date of Test, if known: _____

7. Result of Percolation Test: _____
A. Date Taken: _____
B. Test Description: _____

Date: _____ Witnessing Agent: _____
(signature)

Please Note: 1.) Fees for Percolation Tests are to be paid at the time the application is submitted to the Board of Health. 2.) There is an additional fee of \$75.00 for any extra hole(s) at the perc site beyond the standard holes, which are four (4) for new construction/upgrades and one (1) for repairs. 3.) If a perc test has not been done, applications expire two (2) years from the application date. 4.) Perc tests will not be scheduled without a paid application on file. 5.) Perc application fee is non-refundable.