



TOWN OF WESTPORT
WESTPORT, MASSACHUSETTS 02790

OFFICE OF BOARD OF HEALTH
856 MAIN ROAD

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Matthew J. Armendo
Director

Application for a Percolation Test

_____ \$350 New Construction Perc Test-ConCom Approval Required**
**Approval from Conservation required before filing application with the Board of Health:
ConCom: _____

Signature

Date

_____ \$350 Upgrade

_____ \$125 Repair

_____ \$125 Emergency Repair

_____ \$350 Commercial (NC, Up, Rep)

Soil Strata: _____

Complete Perc: _____

Date: _____

Name of Owner: _____

Telephone: _____
(Home/cell) (Business)

Location of land to be tested: _____
(Address or Street Name)

Assessor's map & lot: _____

Present address: _____
(If not living at perc location)

Engineer/Soil Evaluator: _____

Telephone & Email: _____

For new construction, has this lot been previously tested? Yes _____ No _____

If yes, date of last test: _____

Applicant's signature: _____

Scheduled date of test, if known: _____

Result of percolation test: _____

Date taken: _____

Test description: _____

Date: _____

Witnessing Agent: _____

(Signature)

Please Note: 1.) **Conservation must sign off on perc application prior to filing at the Board of Health Office for New Construction ONLY. 2.) Fees for Percolation Tests are to be paid at the time the application is submitted to the Board of Health. 3.) 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. 4.) If a perc test has not been done, applications expire two (2) years from the application date. 5.) Perc tests will not be scheduled without a paid application on file. 6.) Perc application fee is non-refundable.