



BOARD OF HEALTH
TOWN OF FOXBOROUGH
MASSACHUSETTS 02035

www.foxboroughma.gov

40 SOUTH STREET
Tel. (508) 543-1207
Fax (508) 543-6278

PERCOLATION TEST APPLICATION

\$200 / Perc Test Fee

\$100 / Reperc Fee

Check made payable to Town of Foxborough

Application plans and appropriate fees **must** be filed with the Board of Health
three days prior to the test date.

BHP- _____

NO REFUNDS OR TRANSFER OF FUNDS

DATE REC'D _____

CHECK# _____

TRENCH PERMIT#: _____

(Must be paid to Bldg. Dept. prior to BOH approval.)

EXCAVATOR: _____

PHONE NUMBER: _____

LOCATION OF TEST: _____

ZONE II: Yes No

HOME OWNER: _____

ADDRESS: _____

TEL. NO.: _____

ENGINEER: _____

ADDRESS: _____

TEL. NO.: _____

- Plan of lot **must** accompany application.
- Septic Amendment Form **must** accompany application (see Page 2 of this application).

PROPOSED TEST DATE: _____

(Perc tests are witnessed by this office Mon. – Thurs.)

(Updated April 2014)

SEPTIC PLAN
AMENDMENT FORM

The Engineer for _____
(property address septic design plans are for)

must check off the below two items in order to determine if Conservation must sign off on the septic plans.

Is the proposed project located within the following buffer zones or resource areas?

1. Within 100 feet of a wetland or vernal pool: Yes ___* No ___ (exempt)
2. Within 200 feet of a river or stream: Yes ___* No ___ (exempt)

***If yes has been checked, a wetland application must be filed with the Conservation Commission.** (*Visit the Commission's website: www.foxboroughma.gov*)

3. Does this plan require a plumbing permit: Yes ___ No ___
4. Does this plan require an electrical permit: Yes ___ No ___

The COC will not be issued until copies of the above permits have been received.

Engineer's Name (Please Print Clearly)

Engineer's Signature

Date

Company Name