



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:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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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 January 2015)



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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 Certificate of Compliance (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

(Updated January 2015)