



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.)



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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__

A "snapshot" of the property has been taken using the "Water Resource Protection Overlay District" map approved October 1, 2018 and is attached to this application.

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