DATE RECEIVED	CHECK#	FOR BOARD OF HI APPROVED BY	EALTH USE ONLY PERMIT FEE: \$	200.00	PERMIT ISSUED
					DATE:
		_			ID#:

## CITY OF NEW BEDFORD HEALTH DEPARTMENT

1213 Purchase Street - 1st Fl, New Bedford, MA 02740 For Application Assistance or Inspectors: (508) 991-6199

## Percolation Test Application – Permit fee: \$200.00

Perc/Soil Evaluations will be scheduled with the Board of Health Agent. Soil evaluator must submit results of all test pit logs and locations within twenty-one (21) days or further tests will not be scheduled.

Date of Application:						
Engineer Firm:						
Contact person (engineer or so	oil evaluator):					
Telephone/Cell #:		Fax #:				
Email address:						
Location of site:(Address, street name and number if assigned)						
Assessor's Plat #:	Lot #:	Number of lots to be perced:				
Subdivision name:		Lot #:				
Name of Property Owner:						
Address:		Zip Code:				
Telephone:	Email:					
DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY						
Date Scheduled:		<u> </u>				
*Results:						
Date taken :	Perc rate(s)					
Groundwater elevation(s):						
*UNOFFICIAL - completed soil evalua	ation must be submitted by s	soil evaluator within 21 days of completed test.				
Board Health Agent Signature:_		Date:				