



**Town of Berkley**  
Massachusetts  
Offices of  
**Board of Health**  
One North Main Street  
Berkley, MA 02779

**OFFICE HOURS:**  
Monday, Tuesday & Wednesday  
9:30 AM to 2:30 PM  
**Phone:** 508-822-7828  
**Fax:** 508-386-2100  
**Email:** [boardofhealth@berkleyma.us](mailto:boardofhealth@berkleyma.us)

## **Application for Perc Test**

**Requests for perc test will not be considered if application is incomplete, un-addressed or fee is missing.** Please print or type. **Map & Lot#** must be filled out in **red** by the **Assessor's Office** and **signed** by person filling it out. Perc tests performed December 1<sup>st</sup> thru April 30<sup>th</sup>.

Address of proposed perc test: 1) \_\_\_\_\_  
Street Address **Map & Lot #**  
2) \_\_\_\_\_  
Owner's Name  
3) \_\_\_\_\_  
Address  
4) \_\_\_\_\_  
Phone #  
Contact Person 5) \_\_\_\_\_  
Name Phone # Cell #

6) **FORM T Tax Information must be provided.**

7) A: Is this a **repair** or **new system** or **upgrade**? (Circle One)  
B: Applicant must have a determination from the Conservation Commission. Attach plan with **Conservation Commission Stamp**. In all cases, a copy of the plot plan with the test location marked must be provided.

8) A: Person performing test: \_\_\_\_\_  
B: Provide a copy of **Certificate for Certified Soil Evaluator**.

9) A: Operator of digging equipment: \_\_\_\_\_  
Name and Address

Owner of digging equipment must provide **Certificate of Insurance**.

Operator must have a valid **Massachusetts Hoister's License**.

**License #** \_\_\_\_\_

In most instances, an Excavator will be required to do machine work.

Applications with applicable (fees) check or money order made out to the Town of Berkley. **Fee is \$485.00 minimum for four holes. Additional fees will apply after four hours, and additional time may have to be scheduled.** Be sure to include address on check. Certificated and stamped plans may be dropped off at the Board of Health. With this application you must present a Certificate of Public Liability Insurance with the Town of Berkley named as beneficiary (for new construction). **For septic repair, the home-owner must include a copy of a current Homeowners Policy and a check for \$375.00.**

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SOIL REPORTS MUST BE SUBMITTED TO THE BOARD OF HEALTH OFFICE WITHIN 30 DAYS OF COMPLETION. A COPY SHOULD ALSO BE ATTACHED TO ALL PLANS FOR REVIEW.**