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
E-Mail: Boardofhealth@berkleyma.gov

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 1st thru April 30th.

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

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.