



# TOWN OF SEEKONK BOARD OF HEALTH

SEEKONK, MA 02771  
508-336-2950

## PERCOLATION APPLICATION

Date: \_\_\_\_\_ Dig Safe Number: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Town: Seekonk State: MA Zip Code: 02771

PHONE NUMBER OF Owner: \_\_\_\_\_

Soil evaluator's Name: \_\_\_\_\_ Soil eval #: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

BACKHOE OPERATOR: \_\_\_\_\_ HE # \_\_\_\_\_

Perc Address: \_\_\_\_\_

I have contacted the Seekonk Water and attached is the Seekonk Water District water service tie: Yes: \_\_\_\_\_ No: \_\_\_\_\_ If no please state the reason why: \_\_\_\_\_

MAP: \_\_\_\_\_ LOT: \_\_\_\_\_ New: \_\_\_\_\_ # of Lots \_\_\_\_\_ Repair: \_\_\_\_\_

Are there wetlands within 100 feet or a stream 200 feet from this site? Yes\* \_\_\_\_\_ No \_\_\_\_\_

**\*If answered yes to the wetlands, you must contact the conservation Commission prior to the percolation date 508-336-2944.**

**Note:** Percolation test information becomes public record upon witnessing of the percolation test by the Board of health and submission of the results to this office.