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

OFFICE HOURS:
Monday & Wednesday 8 AM to 4 PM
Phone: 508-822-7828 Fax: 508-880-2055
Email: berkleyboh@yahoo.com

Application for Perc Test

Revised July 1, 2008

Requests for per test will not be considered if application is incomplete, un-addressed or fee is missing. Please type or print. Lines 1, 2, and 3 must be filled out in red by the ***Assessor's Office*** and ***signed*** by person filling it out.

Address of proposed per test: 1) _____
Street Address Map & Lot Number

2) _____
Owner's Name

3) _____
Address

4) _____
Telephone Number

Contact Person 5) _____
Name Phone Number Cell Number

6) 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.

7) a: Person performing test:_____
b: Provide a copy of *Certificate for Certified Soil Evaluator*.

8) 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.
Give license number: _____
In most instances, an excavator will be required to do machine work.

Applications with applicable fees) check or money order only made out to the Town of Berkley), certificated, and stamped plans may be dropped off at the Board of Health during regular business hours. Fee is **$460.00** minimum. The fee is for four holes. Additional fees will apply after four hours, and additional time may have to be scheduled. Be sure to include address, map & lot # (as above) on check. 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.

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.