



Town of Dedham
Board of Health
450 Washington St
Dedham, MA 02026
P:(781) 751- 9220
F: (781) 751-9229



Public Health
Prevent. Promote. Protect.

Application for Perc Test

Fee: \$100 per perc hole

Property Address: _____

Property Owner: _____

Name of Soil Evaluator: _____

Soil Evaluator License Number: _____

Name of Company: _____

Office Phone Number: _____

Cell Phone Number: _____

Email Address: _____

Perc Test is for a: {Please Circle One}

1. REPAIR (two deep hole and one perc)
2. NEW CONSTRUCTION (four deep hole and two perc)

Date Requesting: _____ Time: _____

Alternate Date: _____ Time: _____

By signing below, you are stating that your license is current and up to date as a Soil Evaluator that is defined in the Regulations 310 CMR 15.000 the State Environmental Code, Title 5: Standard Requirements for the siting, construction, Inspection, Upgrade and Expansion of Onsite Sewage Treatment and Disposal Systems and for the Transport and Disposal of Septic

Signature of Soil Evaluator

Date