



TOWN OF WAREHAM

BOARD OF HEALTH
MEMORIAL TOWN HALL
54 MARION ROAD
WAREHAM, MA 02571

Application for Percolation Test & Observation Pits

Perc Address: _____ Map: _____ Lot: _____

Property Owner or Agent: _____ Tel. # _____

Engineer: _____ Firm: _____

Address: _____ Tel.# _____

Fax# _____

Signature of Applicant: _____

Please return to: Wareham Board of Health
Fees must be paid upon application - \$275.00 Upgrade
- \$475.00 New Construction

Date Scheduled: _____

Time: _____

for BOH office use only

Percolation Fee

Plan Review

Variance Fee

Deed Restriction Registration

Septic Installation Permit