



TOWN OF RAYNHAM
Selectmen and Board of Health
558 South Main Street
Raynham, MA 02767
Tel: (508) 824 - 2766
Tel: (508) 824 - 2707
Fax: (508) 824 -1540

Percolation Test/Soil Evaluation Application

Owner/Applicant: _____ **Date:** _____

Name: _____

Address: _____

City/Town: _____ **State:** _____ **Zip:** _____

Phone: _____

Email: _____

Engineer:

Name: _____

Address: _____

City/Town: _____ **State:** _____ **Zip:** _____

Phone #: _____

Email: _____

Number of Lots: _____ **Paid:** _____ **Percolation Date:** _____ **Time:** _____

Location of Lot (s): _____

Perc test information becomes public record upon witnessing of the perc test by the Board of Health and submission of the results to this office.