



The Commonwealth of
Massachusetts

TOWN OF HOLDEN
BOARD OF HEALTH

1196 Main Street, Holden, MA 01520
Phone 508-210-5542 Fax 508-829-0252

APPLICATION FOR PERCOLATION TEST

DATE: _____

FEE: \$ 250.00 PER LOT
(DUE WITH APPLICATION)

RESERVED

DATE: _____

TIME: _____

APPLICANT: _____

ADDRESS: _____ TELEPHONE: _____

OWNER OF RECORD (IF DIFFERENT): _____

ADDRESS: _____ TELEPHONE: _____

TEST LOCATION: _____ LOT NO: _____

ASSESSORS MAP #: _____ PARCEL #: _____ LOT SIZE: _____

TEST FOR NEW CONSTRUCTION OR REPAIR: _____

PREVIOUSLY TESTED: _____ DATE: _____
Yes / No

ENGINEER: _____ REGISTRATION NO: _____

ADDRESS: _____ TELEPHONE NO: _____

FAX: _____ EMAIL: _____

EXCAVATOR: _____

ADDRESS: _____ TELEPHONE NO: _____

PLEASE NOTE:

- CANCELLATION MUST BE MADE AT LEAST **FORTY-EIGHT (48)** HOURS BEFORE ASSIGNED PERC DATE OR FORFEITURE OF FEES MAY APPLY.
- RESULTS MUST BE SUBMITTED TO THE BOARD OF HEALTH OFFICE WITHIN **SIXY (60) DAYS** PER 310 CMR 15.018.