



BOARD OF HEALTH
 50 THE COMMON PHILLIPSTON MA.
 01331 TELEPHONE: 978-249-1735

Application for Percolation Test _____ Date: _____

Fee per lot/Residential and Commercial: \$200.00 (payable to Town of Phillipston).
 (Additional hour after first four holes/ four hours: \$75.00)

Applicant: _____
 Applicant Address: _____
 Applicant Telephone: Daytime: _____ Evening: _____

Owner of Record: _____
 Owner's Address: _____

Test Location _____
 Lot Size _____ Nearest Pole # _____ Side of Street: N E S W (circle)

Assessors' Map # _____ Parcel _____ (required) Previous Test? Y N

Engineer _____ Telephone _____

Backhoe Operator _____ Telephone _____

Note: Deep holes and percolation test holes are to be ready for examination at the time/date scheduled by the Town Health Agent. If for any reason the site is not ready, the agent reserves the right to postpone or reschedule tests at the owner's expense. The Health Agent will call the engineer to schedule testing. It is the responsibility of the engineer to inform the applicant, owner, and backhoe operator of the test time and date.

 Signature of Landowner Signature of Applicant

Pursuant to the provisions of M.G.L. Ch. 40, s. 57, certification that no debt is owed to the Town of Phillipston by the applicant or the owner of record must be obtained from the tax collector before this form is submitted to the Board of Health.

I hereby certify that no debt is owed to the Town of Phillipston by the owner of record or applicant.

 Signature of Tax Collector Date

Board of Health Use Only:
 Rec'd on _____ by _____ Fee _____ Check # _____