



**TOWN OF LEICESTER
BOARD OF HEALTH
3 Washburn Square
LEICESTER, MASSACHUSETTS, 01524-1333**

Phone: 508-892-7008 FAX: 508-892-7500

Board members
Chairman
Christopher M. Montiverdi
Vice -Chairman
Debra Rigiero
Member
Robin Wood

Director of Public Health
Darlene M. O'Connor

PERMIT #

PAYMENT

\$ _____

APPLICATION FOR PERCOLATION TEST

DATE: _____

Job Location Address: _____

Assessor's Map # _____ **Lot #** _____ **Lot size** _____ **s.f.**

Proposed water supply to lot: **Public water supply** () **Private Well** ()

New Construction: ()

Repair: ()

Name/Address of Applicant:

Name/Address Property Owner:

Telephone: _____

Telephone: _____

Name/Address of Engineer:

Name/Address of Contractor:

Telephone: _____

Telephone: _____

Signature of Applicant _____

PERCOLATION TEST FEES

Please make check payable to the: **Town of Leicester**

PER LOT: \$325.00 (Includes up to 2 percs and 4 deep holes)

FEES DUE AT TIME OF APPLICATION SUBMITTAL