

## OFFICE OF THE BOARD OF HEALTH

## Town of Leicester

3 Washburn Square • Leicester, Massachusetts 01524-1333 Telephone: (508) 892-7008 • Fax: (508) 892-1163 www.leicesterma.org

PERMIT #: \_\_\_\_\_

## SOIL TESTING/PERCOLATION TEST APPLICATION

Applicant's Name:	Telephone:
Applicant's Address:	
Owner's Name (if different):	Telephone:
Owner's Address:	
Soil Evaluator's Name:	Company:
Address:	
Telephone:	Email:
Test Site Address:	
Assessor's Map:	Assessor's Lot:
Proposed water supply to lot:	Public Water Supply ( ) Private Well ( )
New Construction ( )	Repair: No increase in Flow ( ) Repair: Increase in Flow ( )
Name/Address of Engineer:	Name/Address of Contractor:
Telephone:	
Signature of Applicant:	Date:
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**FEES:** \$325.00 (Includes up to two (2) percs and four (4) deep holes) \$100.00 Each Additional Deep Hole

## FEES DUE AT TIME OF APPLICATION SUBMITTAL