

## OFFICE OF THE BOARD OF HEALTH

## TOWN OF LEICESTER

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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:		
Telephone:		
Signature of Applicant:	Date:	
<b>****************</b>	<b>*********************************</b>	
FFFS: \$325.00 (Includes up to two	o (2) percs and four (4) deep holes)	

ES: \$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