

THE BOARD OF HEALTH

71 West Main St.; Dudley, MA 01571
Telephone: 508-949-8017 Fax: 508-949-8031

Application for Percolation & Deephole Testing

Please Print
Fee: \$400

Applicant: _____

Day Time Telephone: _____

Owner Property: _____

Address of Property to be Tested: _____

Lot#: _____

Number of Lots to be Tested: _____

Name & Number of person responsible for paying any additional testing fees: _____

Engineer/Soil Evaluator to be Present: _____

Requested Date: _____

This application must be completed before any testing can be scheduled. All fees must be paid in advance. Any costs incurred for additional site testing will be billed and must be paid upon receipt. No further testing or permits will be issued until the balance is paid in full.

**Application is null and void after 60 days.
All monies are forfeited after one year from the application date.**

BOH Use:

Date Scheduled: _____ Contact#: _____

Check#: _____ Date Paid: _____

Received By: _____ Faxed: _____ Time: _____

Perc Agent Use:

Perc Agent received: _____ Scheduled Perc: _____ Faxed BoH: _____
