

**Board of Health
Application for Percolation Test**

Date:_____ Repair_____ New System_____

Applicant:

Name:_____

Address:_____

Phone # (____)_____

Fax # (____)_____

Email:_____

Applicant owns site? Yes___ No___

Excavator:

Name:_____

Address:_____

Phone #: (____)_____

Fax # (____)_____

Professional Engineer:

Name:_____

Address:_____

Phone #: (____)_____

Fax # (____)_____

Mass. Lic. #:_____

Board of Health Witness:

Name : Eric Forish

Address: Town Hall, 707 Main Rd.
Granville, MA 01034

Phone #: (413) 357-8585

Fax # (413) 357-6002

Location of Percolation Test

Area to be reviewed street address (or directions if land not developed):_____

Site located on Assessor's MAP_____ LOT_____ Lot Size:_____

Name of Owner (if other than Applicant) address, and phone number:

Test Date

Scheduled date of test: ____/____/____ Time:_____

Mail completed form along with check or money order for fee of
\$300.00 for existing houses and undeveloped lots payable to:
Town of Granville, 707 Main Road, PO Box 247, Granville, MA 01034

Amount paid _____ Date _____

By _____