



**TOWN OF HOLDEN**  
**MASSACHUSETTS**

**DEPARTMENT OF GROWTH MANAGEMENT**  
**BOARD OF HEALTH**

**APPLICATION FOR PERCOLATION TEST**

DATE: \_\_\_\_\_

**FEE: \$ 250.00 PER LOT**  
**(DUE WITH APPLICATION)**

<b>RESERVED</b>
DATE: _____
TIME: _____

APPLICANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

OWNER OF RECORD (IF DIFFERENT): \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

TEST LOCATION: \_\_\_\_\_ LOT NO: \_\_\_\_\_

ASSESSORS MAP #: \_\_\_\_\_ PARCEL #: \_\_\_\_\_ LOT SIZE: \_\_\_\_\_

TEST FOR NEW CONSTRUCTION OR REPAIR: \_\_\_\_\_

PREVIOUSLY TESTED: \_\_\_\_\_ DATE: \_\_\_\_\_  
Yes / No

ENGINEER: \_\_\_\_\_ REGISTRATION NO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE NO: \_\_\_\_\_

EXCAVATOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE NO: \_\_\_\_\_

**PLEASE NOTE:**

- **CANCELLATION** MUST BE MADE AT LEAST **FORTY-EIGHT (48)** HOURS BEFORE ASSIGNED PERC DATE OR FORFEITURE OF FEES MAY APPLY.
- **RESULTS** MUST BE SUBMITTED TO THE BOARD OF HEALTH OFFICE WITHIN **SIXY (60) DAYS** PER 310 CMR 15.018.