



TOWN OF DUXBURY

BOARD OF HEALTH
TOWN OFFICES
878 TREMONT STREET
DUXBURY, MASSACHUSETTS 02332-4499

Tracy L. Mayo, R.S./R.E.H.S.
Health Agent

Telephone (781) 934-1100
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CONSULTANT FEE MINIMUM \$320.00
TOWN FEE \$200.00
Paid \$520.00 on _____

APPLICATION FOR PERCOLATION TEST & OBSERVATION HOLE (APPLICANT USING CONSULTANT)

I _____ (Owner or Agent) understand that if this test goes over four (4) hours, the Town of Duxbury will be owed an amount of eighty dollars (\$80.00) for each additional hour over four (4) hours. I also understand that using the town consultant and paying the minimum fee of \$320.00 was my choice rather than waiting until the next available date.

Location of property _____
Street Address _____ Parcel No. _____

Vacant land _____ Existing house on property _____

ESTIMATE # OF TEST HOLES _____ ESTIMATE # OF PERCS _____

NEW CONSTRUCTION _____ INCREASE FLOW _____ UPGRADE _____
ARE WETLANDS WITHIN 150' OF PROPOSED LOCATION OF PERC? YES _____ NO _____
DON'T KNOW _____

Name of Owner _____
Tel. No. _____

MAIL
Address of Owner _____

Name of Applicant _____

Address of Applicant _____

Engineer or Sanitarian _____
Reg. No. _____

Mail Address _____
Tel. No. _____

Excavator _____

Mail Address _____

AREA BELOW THIS LINE FOR BOARD OF HEALTH USE ONLY

DATE ASSIGNED: _____ TIME: _____ BY: _____