



TOWN OF DUXBURY

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

Telephone (781) 934-1100
Fax (781) 934-1118

Fee: \$216 .00

Paid _____

APPLICATION FOR PERCOLATION TEST & OBSERVATION HOLE

Location of property _____

Street Address

Parcel Number

Vacant Land _____ Existing house on property _____

NEW CONSTRUCTION _____ INCREASE FLOW _____ REPAIRS _____

ARE WETLANDS WITHIN 150' OF PROPOSED LOCATION OF PERC? YES _____ NO _____

Name of Owner _____

Telephone Number

MAIL

Address of Owner _____

Name of Applicant _____
(if different)

Telephone Number

Address of Applicant _____
(if different)

Engineer or Sanitarian _____

Reg. Number

Mail Address _____

Excavator _____

Mail Address _____

**** AREA BELOW THIS LINE FOR BOARD OF HEALTH USE ONLY****

DATE ASSIGNED: _____ TIME: _____ BY: _____