



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

TOWN OF DUXBURY

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

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

CONSULTANT FEE MINIMUM \$ _____

TOWN FEE \$230.00

Paid \$00.00 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 (\$81.00) for each additional hour over four (4) hours. I also understand that using the town consultant and paying the minimum fee (determined by consultant) 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: _____

"The Mission of the Town of Duxbury is to deliver excellent services to the community in the most fiscally responsible and innovative manner while endeavoring to broaden our sense of community and preserve the unique character of our town."