

**Town of New Salem
Board of Health
19 South Main St.
New Salem, Ma. 01355**

Application for Percolation Test

Date_____

Fee per lot: Residential: \$150.00 Commercial: \$150.00 (**Please make checks payable to Town Of New Salem**)

Applicant_____

Applicant Address_____

Applicant Telephone_____

Owner of Record_____

Owner Address_____

Test Location_____

Lot Size_____ Nearest Pole#_____ Side of street: N E S W

Assessors Map # _____ Parcel_____ Previously tested: Yes No

Engineer_____ Telephone # _____

Backhoe Operator_____ Telephone # _____

NOTE: Deep holes and percolation test holes are to be ready for examination at the time/date scheduled by the Town Health Agent.

If for any reason the site is not ready, the agent reserves the right to postpone or reschedule tests at the owner's expense. The Health Agent will call the engineer to schedule testing. It is the responsibility of the engineer to inform the applicant, owner, and backhoe operator of the test time and date.

Signature of Landowner

Signature of Applicant

Pursuant to the provisions of M.G.L. Ch. 40, s.57, certification that no debt is owed to the Town of New Salem by the applicant or the owner of record must be obtained from the tax collector before this form is submitted to the Board of Health.

I hereby certify that no debt is owed to the Town of New Salem by the owner of record or applicant.

Signature of Tax Collector

Signature of Applicant

Rec'd Date _____ by _____ Fee Received _____ Ck# _____

