

GROVELAND BOARD OF HEALTH

APPLICATION FOR PERC TESTING A PARCEL OF LAND

Application & NON-REFUNDABLE <sup>\$300.00</sup> fee must be returned to the Board of Health Office  
For each proposed Lot (NEW Construction) <sup>2.5 hrs Max. - \$160.00 fee for repair or upgrade.</sup>  
183 Main Street, Groveland, MA 01834 <sup>2.5 hrs max/lot</sup>

(Board of Health)

Appointment Date: \_\_\_\_\_

Time: \_\_\_\_\_

To be filled out by the Owner/Applicant

1. ASSESSORS' MAP AND LOT NUMBER: MAP \_\_\_\_\_ LOT \_\_\_\_\_

2. NAME OF OWNER \_\_\_\_\_

3. NAME OF APPLICANT IF DIFFERENT FROM OWNER \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE NUMBER TO CALL 8:00 AM - 4:00 PM \_\_\_\_\_

4. GIVE DESCRIPTION OF TYPE OF BUILDING FOR WHICH INSTALLATION OR REPAIR IS TO BE:

DWELLING (NUMBER OF BEDROOMS) \_\_\_\_\_

BUSINESS \_\_\_\_\_ OTHER \_\_\_\_\_

INDICATE ( ) INSTALLATION FOR A NEW BUILDING  
( ) REPAIR OR REPLACEMENT OF EXISTING SYSTEM

5. LOCATION OF LOT: STREET & NUMBER \_\_\_\_\_

NAME OF SUBDIVISION \_\_\_\_\_

SIZE OF LOT IN SQUARE FEET \_\_\_\_\_

6. THE WATER SUPPLY WILL BE: TOWN \_\_\_\_\_ - WELL \_\_\_\_\_

(ALL PRIVATE WELLS WILL BE CONSIDERED PART OF THE LOT SANITARY REQUIREMENTS AND BE SUBJECT TO THE APPROVAL OF THE INSPECTOR BEFORE FINAL BOARD OF HEALTH CERTIFICATE OF COMPLAINEE IS ISSUED. ALSO, PLEASE BE ADVISED OF STATE LAW—SECTION 54 of CHAPTER 40 OF THE GENERAL LAWS—"AVAILABILITY OF WATER SUPPLY"—REQUIRING THAT THE WATER SUPPLY BE APPROVED BEFORE THE BUILDING PERMIT IS ISSUED.)

7. TO THE BEST OF MY KNOWLEDGE AND BELIEF, THIS LOT HAS:

( ) NEVER BEEN PREVIOUSLY TESTED \_\_\_\_\_

( ) BEEN TESTED (GIVE DATES) \_\_\_\_\_

8. NAME OF PROFESSIONAL ENGINEER OR REGISTERED SANITARIAN \_\_\_\_\_

9. SIGNATURE OF PROPERTY OWNER OR AUTHORIZED AGENT \_\_\_\_\_

10. DATE \_\_\_\_\_

A SEPARATE APPLICATION AND FEE IS REQUIRED FOR EACH LOT TO BE TESTED