



## TOWN OF GROVELAND

### BOARD OF HEALTH

183 Main St., Groveland, MA 01834

978-556-7210

### APPLICATION FOR PERC TESTING A PARCEL OF LAND

Application and NON-REFUNDABLE fee must be returned to the Health Department office.

Fee for each proposed New Construction Lot \$300.00/lot

Fee for Repair or Upgrade \$160.00

- PLEASE SUBMIT A COPY OF MAP SHOWING LOCUS

#### TO BE COMPLETED BY **OWNER/APPLICANT**

1. ASSESSOR'S MAP AND LOT NUMBER: MAP \_\_\_\_\_ LOT \_\_\_\_\_
2. NAME OF OWNER \_\_\_\_\_
3. NAME OF APPLICANT IF DIFFERENT FROM OWNER \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
TELEPHONE NUMBER AND EMAIL \_\_\_\_\_
4. GIVE DESCRIPTION OF TYPE OF BUILDING FOR INSTALLATION OR REPAIR  
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 \_\_\_\_\_
7. TO THE BEST OF MY KNOWLEDGE, THIS LOT HAS:  
( ) NEVER BEEN PREVIOUSLY TESTED  
( ) HAS BEEN PREVIOUSLY 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**