



Town of Marion  
2 Spring Street  
Marion, MA 02738-1519  
Telephone 508-748-3530 FAX 508-748-2545

**BOARD OF HEALTH**

Karen A. Walega, MPH, CHO, RS, Health Director

**Application for Percolation Test & Observation Pits**

Perc Address: \_\_\_\_\_ Map: \_\_\_\_\_ Lot: \_\_\_\_\_

Property Owner Name: \_\_\_\_\_

*Please indicate if this is for a new system \_\_\_\_\_ or an upgrade \_\_\_\_\_*

Engineer: \_\_\_\_\_ Firm: \_\_\_\_\_

Address: \_\_\_\_\_ Tel #: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Signature: \_\_\_\_\_

**Standard Percolation Test Fee: \$300**  
**Rates greater than 30 minutes per inch will be billed an additional \$200**

Please make check payable to the *Town of Marion* and return application with payment  
To the *Marion Board of Health*

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For BOH office use only

*Date of Test:*

*Time:*

*Fee:*

*Date paid:*

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