



# Town of Marion

## BOARD OF HEALTH

2 Spring Street

Marion, MA 02738-1519

Telephone 508-748-3530 FAX 508-748-2545

### Application for Percolation Test & Observation Pits

Address / Location of Perc: \_\_\_\_\_ Map: \_\_\_\_\_ Lot: \_\_\_\_\_

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

**Reason for Perc/ Soil Evaluation:** \_\_\_\_\_ *New Construction* \_\_\_\_\_ *Increase Flow* \_\_\_\_\_ *Septic Repair* \_\_\_\_\_ *Upgrade*

Engineer/ Soil Evaluator: \_\_\_\_\_ License # \_\_\_\_\_

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

Email: \_\_\_\_\_

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

Name of Excavator: \_\_\_\_\_ MA Hoisting License #: \_\_\_\_\_

Water Supply:

Public

Private (distance from well): \_\_\_\_\_

**New Construction/Standard Percolation Test Fee: \$300**

**Repair Fee: \$200.00**

**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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