



Sutton Board of Health

FEE \$250.00
NEW CONST. / REPAIR

CODE # _____

APPLICATION for PERCOLATION TEST

**APPLICATIONS ARE NOT VALID AFTER ONE (1) YEAR FROM DATE OF ISSUE.
APPLICATION FEES ARE NON-REFUNDABLE.**

DATE SUBMITTED _____

JOB LOCATION _____ LOT SIZE _____

MAP # _____ PARCEL # _____ LOT # _____
(This information can be obtained from the Assessor's Office)

OWNER OF PROPERTY _____ PHONE _____
ADDRESS OF OWNER _____

NAME OF APPLICANT _____ PHONE _____
ADDRESS OF APPLICANT _____

NAME OF ENGINEER _____
COMPLETE ADDRESS _____
CITY _____ STATE _____ ZIP _____

TYPE OF BUILDING PROPOSED _____
PROPOSED WATER SUPPLY TO LOT: MUNICIPAL WATER _____ WELL _____

PREVIOUS TESTING: _____ NO _____ YES, Date _____ Engineer _____
(Must submit copies of data sheets if available) Min/Inch _____ Groundwater Level _____

- This application must be filed at the Board of Health office with payment, checks payable to the Town of Sutton, a minimum of five (5) business days prior to expected test date.
- Engineer listed will schedule date of test. He/She will contact Board of Health Agent to schedule required testing: James Malley #508-832-0118.
- \$250.00 Fee is per-lot / per-unit and includes a \$50 town service fee.
- The current maximum perc rate of 30 MPI for new construction is the maximum LTAR for septic design in the Town of Sutton. This regulation supercedes the amendment to 310 CMR 15.000.

SIGNATURE OF APPLICANT _____

Board of Health Office Use Only

Date Paid _____ Check # _____