

Assessors Map _____ Block _____ Lot _____
Upgrade _____
New Construction _____
Repair _____

FEE: \$ _____
Ck# _____
Date: _____

PERCOLATION TEST APPLICATION
Board of Health, Town of Lakeville

- Each Percolation Test Application shall be used to record deep test hole observation and percolation test results for and individual lot or an area to be subdivided into one lot.
- Fee for Test \$150.00 for three (3) hours to be paid at time of filing application.
- \$50.00 for each additional hour.

Please print clearly or type in the following:

APPLICANT'S NAME _____ ADDRESS _____

ENGINEER _____ ADDRESS _____

SOIL EVALUATOR _____ ADDRESS _____

CONTACT PERSON _____ CONTACT PHONE # _____

Please check off intended uses within the following:

APPLICANT IS: Property Owner Developer Engineer Installer Other
INTENDED USE: SFD Duplex SFDw/in-law Commercial Industrial Other
FOUNDATION: Slab Half/Basement/Cellar Full Basement
NO. OF BDRMS: One Two Three Four Five Six or more In-Law Apt.
WATER SUPPLY: PWS Well Municipal Water Priv. Deep Well Priv. Shallow Well
LOT INFORMATION: existing lot? Yes No proposed lot? Yes No
Name of subdivision _____
Any Deed restrictions? Yes No Any utility or access Easements? Yes No

NOTE: A COPY OF THE LOT PLAN OR DEFINITIVE SUBDIVISION SHALL BE ATTACHED WITH THIS PERCOLATION TEST APPLICATION IF NEW CONSTRUCTION AS WELL AS PROOF OF TAXES PAID & NHESP COMPLIANCE IF WITHIN THAT ZONE.

LOT IS CURRENTLY OWNED BY: _____

(Address)

(Telephone)

BRIEF DESCRIPTION OF LOT LOCATION: (Include street name, off what existing street, near stream, pond, directions, etc.)

Date Scheduled: _____

Time: _____

REVISED JANUARY 2008