



# Town of Auburn, Massachusetts Board of Health

PERMIT # \_\_\_\_\_

PAYMENT

\$ \_\_\_\_\_

## APPLICATION FOR PERCOLATION/DEEPHOLE TEST

DATE: \_\_\_\_\_

Assessor's Map # \_\_\_\_\_ Parcel # \_\_\_\_\_ Lot Size \_\_\_\_\_ sq.ft. Has property been surveyed? Yes ( ) No ( ) Previously tested? Yes ( ) No ( ) If yes, please give dates and by whom \_\_\_\_\_

Assessor's Street Location: \_\_\_\_\_

### A PLAN SHOWING THE PARCEL MUST BE INCLUDED WITH APPLICATION

Proposed water supply to lot: Public water supply ( ) Private Well ( ) Existing well ( )

New Construction ( )

Repair ( )

Building: Residence ( ) Business ( ) Industrial ( ) Restaurant ( ) Other ( ) \_\_\_\_\_

Name/Address of Applicant:

Name/Address of Property Owner:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone # \_\_\_\_\_

Telephone # \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Name/Address of Engineer:

Name/Address of Contractor:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone # \_\_\_\_\_

Telephone # \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Applicant Signature

Site Evaluation Date & Time

Please make checks payable to the: **Town of Auburn**  
**PERCOLATION TEST \$400.00**

**DEEP HOLE TEST ONLY: \$50.00**

104 Central Street  
Auburn, MA 01501  
Telephone: (508) 832-7703  
Fax: (508) 832-4219  
Email: [prossik@town.auburn.ma.us](mailto:prossik@town.auburn.ma.us)  
Web site: [www.auburnguide.com](http://www.auburnguide.com)