

BOARD OF HEALTH

TOWN OF UPTON

Tel.: 508-529-6813 Fax: 508-529-0010
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MASSACHUSETTS

Mailing address: 1 Main Street, Box 3
Upton, MA 01568

APPLICATION FOR PERCOLATION AND DEEPHOLE TESTING

APPLICANT: (please print) _____

DAY TIME TELEPHONE: _____

OWNER OF PROPERTY: _____
(if different from applicant)

ADDRESS OF PROPERTY TO BE TESTED: _____

LOT #: _____
(If house # is unknown. Must be same as lot # to be submitted on septic design)

NUMBER OF LOTS TO BE TESTED: _____

NAME AND ADDRESS OF PERSON RESPONSIBLE FOR PAYING ANY ADDITIONAL TESTING FEES:

ENGINEER/SOIL EVALUATOR TO BE PRESENT: _____

REQUESTED DATE OF TESTING: _____

This application must be completed before any testing can be scheduled. All fees must be paid in advance. Any costs incurred for additional site testing will be billed and must be paid upon receipt. No further testing or permits will be issued until the balance is paid in full.

Standard lots require two deepholes and two percolation test in order to complete a septic design, at a cost of **\$350.00**

Testing for **repair or upgrade** to a failing septic system is **\$200.00**.

All cancellations must be made at least 48 Hours in advance or there will be a fee charged.

Office Use:

DATE SCHEDULED: _____ BALANCE DUE: _____

FEE RECEIVED: _____