



TOWN OF HANOVER
 Board of Health
 550 Hanover Street Suite 17
 Hanover, MA 02339
 Tel: 781-826-4611
 Fax: 781-826-5289

Application for Percolation Test and Observation Hole

Date: _____

Payment must accompany this application.

_____ **½ day** - \$300.00 (8 a.m. - 12 noon)
 (If testing goes beyond noon, the Engineer will be billed an additional \$300.00)
 _____ **Full day** - \$600.00 (8 a.m. - 4 p.m.)

Location of work: _____

Existing house on property: _____ Vacant land: _____

Repair: _____ Increase Flow: _____ New Construction: _____

Are there wetlands or streams within 100' of where work is going to take place on the property? _____ If yes, you must go to the Hanover Conservation Commission before any field work is started.

Owners Name: _____ Tel: _____

Owners Address (if different then perc. location): _____

Engineer/Reg. Sanitarian: _____ Reg. # _____

Tel: _____ Cell: _____

Excavator: _____

Affidavit:

I understand that it is my responsibility to notify the Hanover Conservation Commission if there are any wetland resource areas within 100' of the proposed work and to ensure a Trench Permit is obtained, if a hole is to be dug that meets the definition of a trench per 520 CMR 14.00 - Excavation and Trench Safety Regulations. Test pit excavation(s) cannot start until the Agent for the Health Office arrives at the percolation site.

 Engineer's Signature

 Date

Refund policy: Payment is non-refundable if cancelled or changed within 7 days of scheduled date (except if cancelled for extreme weather conditions). Refund requests must be made in writing to the Board of Health.

***** For Health Office Use *****

Date scheduled: _____ Time: _____ To be witnessed by: _____