

Telephone: 508-764-4252  
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Health Department  
41 Elm Street

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**TOWN OF SOUTHBRIDGE**  
SOUTHBRIDGE, MASSACHUSETTS 01550-2638

**Application for Percolation Test**

\_\_\_\_\_ FEE \$200.00

OWNER'S NAME : \_\_\_\_\_ TELE : \_\_\_\_\_

ADDRESS : \_\_\_\_\_

CONTACT PERSON : \_\_\_\_\_ TELE : \_\_\_\_\_

LOCATION OF PROPERTY :

STREET/ ROAD : \_\_\_\_\_

MAP #: \_\_\_\_\_ LOT # \_\_\_\_\_

SIZE OF LOT : \_\_\_\_\_

FRONTAGE : \_\_\_\_\_

ZONE : \_\_\_\_\_

- |                     |           |          |
|---------------------|-----------|----------|
| 1. IMPOUNDED WATERS | YES _____ | NO _____ |
| 2. RUNNING WATERS   | YES _____ | NO _____ |
| 3. WETLANDS         | YES _____ | NO _____ |

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DATE (S) OF SOIL TESTING : \_\_\_\_\_

ENGINEER : \_\_\_\_\_

WITNESS : \_\_\_\_\_

SUMMARY OF RESULTS :

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