

1 North Main Street
P.O. Box 237
Otis, MA 01253

Tel: 413-269-0100 x-206
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TOWN OF OTIS, HEALTH DEPARTMENT

Application for Witnessing of Percolation Tests

Date : _____ Site Address: _____

Town of: _____ Assessor's Map#: _____ Lot # _____

Name of Owner (s): _____

Mailing Address : _____

Phone #: _____

Engineering Firm, Address, Telephone: _____

Contractor Firm, Address, Telephone: _____

Repair or New Construction: _____ Repair _____ New Construction

Cause of Failure, if known: _____

Application Fee: \$100.00 per lot, for the first 2 hours, \$25.00 per hour thereafter.

**Note: Fee must accompany application:
Please make check payable to : Town of Otis, Board of Health**

Return to : Town of Otis, P.O. Box 237, Otis, MA 01253

PLEASE READ THIS STATEMENT: Any certification (and Results) shall be forwarded to the approving authority, the designer and the property owner within 60 days of date of field testing. Failure to forward certification and results to the approving authority shall be cause for revocation of the Site Evaluator's certification per 310CMR 15.018(2).

FOR OFFICE USE ONLY:
Confirmed Perc Test Dates/Times: _____

Confirmed by: _____ Date: _____

*****APPLICATION WITH INSUFFICIENT INFORMATION WILL BE RETURNED*****