



Town of Rochester
Board of Health
37 Marion Road, Rochester MA 02770
Phone: 508-763-5421 Fax: 508-763-5379

**APPLICATION FOR PERCOLATION TEST & OTHER SITE
DETERMINATION**

Project location _____

Assessors Map# _____ **Lot#** _____ **Date:** _____

Project Description (to be checked off by Applicant)

____ Percolation Test	New Construction \$300.00	Repairs \$200.00
____ Repairs for Septic System	Fee \$125.00	
____ New Septic System	Fee \$175.00	
____ Other _____		

Percolations will be scheduled by Board of Health

Date of test established by Board of Health _____

Applicant's name _____ **Telephone #** _____

Engineer's name _____ **Telephone#** _____

Engineer's address _____

****Conservation Commission Determination****

____ **Proposed work is not within a wetland resource area or Buffer Zone protected under the Massachusetts Wetlands Protection Act, MGL Ch. 131 Section 40 or the Town of Rochester Local Wetlands Protection Bylaw, Zoning Bylaws Section XV**

____ **Proposed project has already received approval from Rochester Conservation Commission.**

____ **(DEP File# or date of Determination of Applicability)**

____ **A filing with the Conservation Commission is necessary for proposed work.**

Conservation Commission Agent _____ **Date** _____

Attach a copy of proposed plan
cc: Planning Board