



Karen A. Walega  
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Health Director

## TOWN OF ROCHESTER

Board of Health

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MHA, BSN, RN  
Chair

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Vice Chair

Dale Barrows  
Clerk

Connie Dolan, RN  
Public Health Nurse

### Percolation Test Application Form

Address/Location of Perc: \_\_\_\_\_

Assessor's Map/Parcel/Lot#: \_\_\_\_\_

Print Owner(s) Name: \_\_\_\_\_

Engineer: \_\_\_\_\_

Business phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

- **Perc/Soil Evaluation:**  
(please circle any that apply)
  - New Construction
  - Septic Repair/Upgrade
  
- **Please enclose payment, either cash or check payable to the Town of Rochester:**  
Percolation Test (New): \$300  
Percolation Test (Repair): \$200
  
- **Conservation to be notified if conducted with 100 feet of a wetland.**

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#### FOR BOARD OF HEALTH OFFICE USE ONLY

Date of Perc Test: \_\_\_\_\_

Time of Perc Test: \_\_\_\_\_

Confirmed: \_\_\_ YES \_\_\_ NO