TOWN OF AVON
Board of Health
Buckley Center
65 East Main Street
Avon, Massachusetts 02322

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FEE: **New:** $ 200.00(1/2 day) $ 500.00(full day) **Repair** - $ 50.00(Domestic) $250.00(Commercial)

APPLICATION FOR PERCOLATION TEST & OBSERVATION HOLES

Location of property_____
Street address parcel number(M/L)
Vacant land_____ Town Water_____ well_____ existing house on property_____

New Construction_____ Increase Flow_____ Repair_____ Well Protection Zone_____

WETLANDS WITHIN 100 'OF PROPOSED LOCATION OF PERCS/OB HOLES? Yes _____ No _____
(It is the Applicant's responsibility to file with Conservation for their approval)

Name of owner_____Phone_____

MAIL
Address of Owner_____

Name of Applicant_____ Phone _____
(If different)

Address of Applicant_____
(If different)

Engineer/Sanitarian _____Phone_____email:_____

Mail Address_____

Excavator_____cell phone:_____

Mail Address_____

BOARD OF HEALTH USE ONLY

Date rec'd:_____ Date Assigned: _____Time:_____ Paid:_____By:_____