



OFFICE OF THE  
**BOARD OF HEALTH**  
**78 Hopedale Street - P.O. Box 7**  
**Hopedale, Massachusetts 01747**  
Tel: 508-634-2203, Ext. 222 Fax: 508-634-2200

Leonard Izzo, Health Agent

**APPLICATION**

**DEEP HOLE AND PERCOLATION TESTING**

Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Applicant's Phone Number: \_\_\_\_\_

Owner of Property (if not applicant) \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Owner's Phone Number: \_\_\_\_\_

Lot Number: \_\_\_\_\_

Address & Parcel Number: \_\_\_\_\_

*(Please check with Town Assessor's Office before submitting)*

Name of Engineer Performing Test \_\_\_\_\_

Address of Engineer Performing Test: \_\_\_\_\_

Engineer's Phone Number: \_\_\_\_\_

(Fee - \$ \_\_\_\_\_)

Date: \_\_\_\_\_

Note Fees are subject to change