



TOWN OF WESTMINSTER
11 SOUTH STREET
WESTMINSTER, MASSACHUSETTS 01473
(978) 874-7409 • Fax (978) 874-7462
BOARD OF HEALTH

SOIL/PERC TEST APPLICATION

FOR FLOWS OF UNDER 15,000 GPD

NEW CONSTRUCTION **\$250.00**, REPAIR **\$250.00** PER 3 HOURS

\$75.00 for doing a single test hole or perc.

Directions for submitting perc/soil test application:

1. The Board of Health **STRONGLY SUGGESTS** that **PRIOR** to performing perc and soil testing, all applicants contact the Westminster Building Department for a determination of a project's compliance with respect to current zoning by-laws.
2. Soil test dates can be set with one of the Health Agents **only** by the person performing the soil test.

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1. Owner of property: _____
 2. Applicant: _____
Address: _____
Phone: _____
(Home) (Work/Cell)
 3. Location of the land to be tested-Lot # and street # if assigned: _____
 4. Map _____ Parcel _____ Size of lot/parcel: _____
 5. Give brief directions to the location of the property: _____

6. Is the property located in the Watershed/Reservoir area? Yes _____ No _____

7. Proposed construction will be: a. Residential _____ c. Industrial _____
b. Commercial _____ d. Other _____

8. Please circle: Proposed, Actual, number of bedrooms: _____

9. Please circle: Proposed, Actual, water supply: a. Town water _____ b. Private well _____

10. Has this lot been previously tested? _____ If so, attach plan, date and results of testing:

Engineer: _____ Phone: _____