



TOWN OF  
**CHESTER, MASSACHUSETTS**

01011

BOARD OF HEALTH  
Nicholas Chiusano  
Elizabeth Massa  
15 Middlefield Street  
Chester, MA 01011  
413-354-7781  
ChesterHealth@comcast.net

Application for Witnessing of Percolation Tests

$\$100.00$  per/hr minimum 2 hours =  $\$200.00$

Date: \_\_\_\_\_ Site Address: \_\_\_\_\_

Town of: \_\_\_\_\_ Assessor's Map#: \_\_\_\_\_ Lot # \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Engineering Firm, Address, Telephone: \_\_\_\_\_

Contractor Firm, Address, Telephone: \_\_\_\_\_

Repair or New Construction:  Repair  New Construction

Cause of Failure, if known: \_\_\_\_\_

Note: Fee must accompany application:  $\$200.00$

Please make check payable to: Town of Chester

**PLEASE READ THIS STATEMENT:** Any certification (and Results) shall be forwarded to the approving authority, the designer and the property owner within 60 days of date of field testing. Failure to forward certification and results to the approving authority shall be cause for revocation of the Site Evaluator's certification per 310CMR 15.018(2).

**FOR OFFICE USE ONLY:**

Confirmed Perc Test Dates/Times: \_\_\_\_\_

Confirmed by: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*APPLICATION WITH INSUFFICIENT INFORMATION WILL BE RETURNED\*\*\*