



TOWN OF  
**CHESTER, MASSACHUSETTS**

01011

BOARD OF HEALTH  
15 Middlefield Street  
Chester, MA 01011  
413-354-7781  
BoardofHealth@townofchester.net

**Application For Witnessing of Percolation Tests**

Permit Fee \$100.00 per hour/minimum two hours

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

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

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

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

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Owner/Corporation Name: \_\_\_\_\_

Engineering Firm: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Contractor: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Repair or New Construction: Repair: \_\_\_\_\_ New Construction: \_\_\_\_\_

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

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 15.0`8(2)

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

Please refer to the website for additional requirements and/or contact the Board of Health at 413-354-7781 [BoardofHealth@townofchester.net](mailto:BoardofHealth@townofchester.net). Checks are to be made payable to the Town of Chester for all permit fees.