



TOWN OF HOPEDALE Board of Health

78 Hopedale Street - P.O. Box 7
Hopedale, Massachusetts 01747
Tel: 508-634-2203 Ext. 222 Fax: 508-634-2200

APPLICATION DEEP HOLE AND PERCOLATION TESTING

Please print:

Applicant's Name: _____

Applicant's Address: _____

Applicant's Phone No. _____

Owner of Property, if not applicant: _____

Owner's Address, if not applicant: _____

Owner's Phone No., if not applicant: _____

Property Information:

Address: _____

Lot No.: _____ Parcel No.: _____
(Please check with Town Assessor's Office before submitting)

Dig Safe No.: _____

Has the Hopedale Water/Sewer Department been contacted to mark their service utilities?

Engineer Information:

Name of Engineer Performing Test: _____

Address of Engineer Performing Test: _____

Soil Evaluator's License No.: _____

Engineer's Phone No.: _____

Engineer's Email Address: _____

Applicant's Signature

Date