

PHONE – 508-647-6460

FAX – 508-647-6466

OFFICE OF THE  
**BOARD OF HEALTH**  
13 EAST CENTRAL STREET  
NATICK, MA 01760

Nonrefundable  
FEE:

APPLICATION  
**PRIVATE SEPTIC SYSTEM PERCOLATION TEST OBSERVATION**

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Applicant Telephone Number: \_\_\_\_\_

LOCATION of LOT(S): \_\_\_\_\_

TYPE of BUILDING: \_\_\_\_\_

**AGREEMENT**

The undersigned agrees to conduct all tests and determinations in accordance with the provisions of Title 5 of the State Environmental Code:

<https://www.mass.gov/doc/310-cmr-15000-title-5-of-the-state-environmental-code/download>

and

in accordance with the provisions of Chapter 5 of the Natick Board of Health Regulations:

<https://www.natickma.gov/DocumentCenter/View/7502/Chapter-5-Cesspools-Septic-Tanks-Privy-Vaults-Public-Sewers-and-Water-Supply>

FEE FOR NEW CONSTRUCTION: multiply the number of lots times \$400.00 \$ \_\_\_\_\_

FEE FOR EXISTING SEPTIC SYSTEM REPLACEMENT/UPGRADE: \$200.00

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

\* \* \* \* \*

DATE OF OBSERVATION(S): \_\_\_\_\_ MARKED PLAN RECEIVED: \_\_\_\_\_

REMARKS: \_\_\_\_\_

\_\_\_\_\_  
ENGINEER

\_\_\_\_\_  
SANITARIAN

Please make check payable to the Town of Natick and mail to:  
Board of Health, 13 East Central St., Natick MA 01760