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BOARD OF HEALTH**
13 EAST CENTRAL STREET
NATICK, MASSACHUSETTS 01760

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**APPLICATION FOR WATER TABLE DETERMINATION
AND/OR PERCOLATION TEST OBSERVATION**

NAME OF APPLICANT: _____

ADDRESS: _____

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 and with Chapter 5 of the Natick Board of Health Regulations.

NEW CONSTRUCTION FEE:
(*Multiply the number of lots times \$400.00*) _____ **DATE:** _____

FEE FOR EXISTING CONSTRUCTION: **\$200.00**

FEE FOR WATER TABLE EVALUATION: **\$100.00**

SIGNATURE OF APPLICANT: _____

DATE OF OBSERVATIONS: _____ **MARKED PLAN RECEIVED:** _____

REMARKS: _____

ENGINEER

SANITARIAN