

PHONE – 508-647-6460

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

FEE:

APPLICATION  
**WATER TABLE DETERMINATION and/or 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 and with Chapter 5 of the Natick Board of Health Regulations.

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

FEE FOR EXISTING CONSTRUCTION: \$200.00

FEE FOR WATER TABLE EVALUATION: \$100.00

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

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

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

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\_\_\_\_\_  
ENGINEER

\_\_\_\_\_  
SANITARIAN