



Telephone: 508-841-8384

TOWN OF SHREWSBURY

BOARD OF HEALTH
100 Maple Avenue
Shrewsbury, MA 01545

shrewsburyhealthagent@shrewsburyma.gov



APPLICATION FOR PERCOLATION TEST

DATE: _____

FEE: \$400.00 PER LOT

Job Location Address: _____

Assessor's Map # _____ Lot # _____ Lot size _____ square footage

Proposed water supply to lot: Public water supply () Private Well ()

New Construction: () Repair: ()

Name / Address of Applicant:

Telephone: _____

Name / Address Property Owner:

Telephone: _____

Name / Address of Engineer:

Telephone: _____

Name / Address of Contractor:

Telephone: _____

Signature of Applicant _____