

# Board of Health

Town of Barre  
40 West Street Box 431  
Barre, MA 01005



Phone 978-355-2504

E-mail  
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FEES: INDIVIDUAL \$200.00 PER LOT  
COMMERCIAL \$300.00 PER LOT  
REPAIR OF SYSTEM \$200.00 PER LOT

## APPLICATION FOR LOT TEST

OWNER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: HOME: \_\_\_\_\_ WORK/CELL: \_\_\_\_\_

ENGINEERING FIRM: \_\_\_\_\_

ENGINEERS NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

LOCATION OF LAND TO BE TESTED:

MAP # \_\_\_\_\_ PARCEL # \_\_\_\_\_ LOT# \_\_\_\_\_

SPECIFIC DIRECTIONS: \_\_\_\_\_

SIZE OF LOT IN SQUARE FEET: \_\_\_\_\_

DWELLING: NEW \_\_\_\_\_ REPAIR \_\_\_\_\_ COMMERCIAL (SPECIFY) \_\_\_\_\_

WATER SUPPLY: TOWN \_\_\_\_\_ WELL \_\_\_\_\_

HAS THIS LOT BEEN PREVIOUSLY TESTED? \_\_\_\_\_

IF SO PLEASE PROVIDE RESULTS

TODAYS DATE: \_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_

APPOINTMENT: DATE \_\_\_\_\_ TIME \_\_\_\_\_