



Millville Board of Health
8 Central Street
Millville, MA 01529
508-883-5041

Fee: New: \$175.00
Repair: \$100.00

APPLICATION FOR WATER TABLE DETERMINATION
AND/OR
PERCOLATION TEST OBSERVATION

SITE ADDRESS: _____

NAME OF APPLICANT: _____

ADDRESS: _____ PHONE: _____

TYPE OF BUILDING: _____

ENGINEER: _____ PHONE: _____

EMAIL ADDRESS: _____

AGREEMENT: The undersigned agrees to conduct all tests and determination in accordance with the provisions of Title 5 of the State Environmental Code and with the Millville Board of Health Regulations.

SIGNATURE OF APPLICANT

DATE

DATE OF OBSERVATIONS: _____

REMARKS: _____

BOARD OF HEALTH/OR AGENT: _____