



CITY OF GARDNER



OFFICE OF THE
BOARD OF HEALTH ROOM 29, CITY HALL
GARDNER, MASSACHUSETTS 01440
(978) 630-4013
FAX (978) 632-4682

PERC TEST/DEEP HOLE OBSERVATION APPLICATION

New Sewage Disposal System **Fee: \$300.00**

OWNER OF PROPERTY

Name: _____ Daytime Phone No: _____

Mailing Address: _____

APPLICANT (if different)

Name: _____ Daytime Phone No: _____

Mailing Address: _____

LOCATION OF PROPERTY A plan showing parcel must be included with application

Street Address: _____, Gardner MA

From Assessors office: Map # _____ Lot # _____ Lot Size _____

ENGINEER

Name: _____

Company: _____ Daytime Phone No: _____

Address: _____

Applicant's Signature

Site Evaluation Date

Date

Site Evaluation Time

Health Department Signature

Date