



Town of Mendon  
Board of Health  
20 Main Street

Mendon, Massachusetts 01756  
Telephone Number (508) 634-2656 Fax Number (508) 478-8241  
e-mail [boh@mendonma.gov](mailto:boh@mendonma.gov)

**APPLICATION**

**DEEP HOLE AND PERCOLATION TESTING**

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Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Applicant's Phone Number: \_\_\_\_\_

Owner of Property (if not applicant) \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Owner's Phone Number: \_\_\_\_\_

Lot Number: \_\_\_\_\_

Address & Parcel Number: \_\_\_\_\_

*(Please check with Town Assessor's Office before submitting)*

Name of Engineer Performing Test \_\_\_\_\_

Address of Engineer Performing Test: \_\_\_\_\_

\_\_\_\_\_

Engineer's Phone Number: \_\_\_\_\_

(Fee - \$300.00) \_\_\_\_\_

Note Fees are subject to change

Date: \_\_\_\_\_