

**Board of Health**

TOWN HALL • 19 WASHINGTON ST. • SHERBORN, MASSACHUSETTS 01770
508-651-7852

APPLICATION NUMBER: _____

APPLICATION FOR WATER TABLE AND PERCOLATION TESTS

Percolation tests shall be conducted after November 1st and completed before June 30th. Deep test pits shall be conducted after November 1st and completed before April 29th. Test results shall not be accepted, nor shall tests be observed at other times of the year except for the repair of overflowing or “backing up” septic systems, when the existing system is a cesspool, or when the interests of public health are a priority as determined by the BOH (§305.15 – A) A trench permit shall be obtained prior to the date of testing.

Location of Testing:

Street Address: _____ Lot No.: _____

Property Owner Information:

Property Owner's Signature*: _____

Print Name: _____

Address: _____

Telephone: _____ Email Address: _____

*If this application is signed by an ‘agent’ for the owner, a “Statement of Agency” or “Power of Attorney”, which is signed by the owner, must be attached.

Applicant Information (if different from property owner information): ☐ Check here if applicant is same as property owner

Applicant Name: _____ Telephone: _____

Applicant Address: _____ Email Address: _____

Soil Evaluator to Contact the Board of Health Agent to Arrange a Date for Testing Information:

Name: _____ Telephone: _____

Email Address: _____

(Note: The soil evaluator should be familiar with the Board of Health Regulations for Soil Testing; see §305-1.5 Siting of Systems (A.) Testing Requirements).

Attached is a plot plan showing:

- | | |
|--|---|
| 1. Area(s) to be tested | <input type="checkbox"/> # of areas to be tested _____ (\$300/site ¹) |
| 2. All water courses | <input type="checkbox"/> |
| 3. Any wells within 200 feet of testing area | <input type="checkbox"/> |
| 4. Distance to nearest intersecting street | <input type="checkbox"/> |
| 5. Plot plan drawn to scale | <input type="checkbox"/> |

Applications that do not include all requirements listed above will not be accepted and will be returned to the applicant.

☐ Received Conservation Commission Approval?☐ Trench Permit Issued?

Date of Testing: _____

Fee Received: _____

*BOH Agent Use Only**BOH Office Use Only*

¹A site is any location where the soil evaluator conducts a soil test with 3 deep holes and 2 percs.

*This is subject to change should the soil evaluator request additional testing.