

Tel: 978-468-5579 Fax: 978-468-5582

SOIL & PERCOLATION TESTING APPLICATION

ONE APPLICATION PER SEPTIC SYSTEM

| DATE: | _ | Amount enclosed: |
|--|--|--|
| STREET LOCATION OF PA | RCEL | MAP/LOT: |
| Is there an existing facility or | ı lot? Is the soi | l evaluation for existing building? |
| Will the septic system be des | signed under "upgrade" or | "new construction" standards? |
| Is lot within Zone II? | If yes, Lot area | and proposed design flow |
| | tion. If Soil Evaluator beli | cated to witness soil evaluations for upgrades, and eves more time may be needed, please estimate |
| SOIL EVALUATOR: | | PHONE: |
| ADDRESS: | | EMAIL: |
| ENGINEERING FIRM: | | PHONE: |
| ADDRESS: | | EMAIL: |
| PROPERTY OWNER: | | PHONE: |
| If the applicant is not the own | ner, please submit written | permission of owner to conduct tests. |
| Please submit the completed | I application to the Board | of Health with the following: |
| streets. • Locus map with an arr | row to the lot location application from the Publi | area, buildings, existing septic, wetlands, cross |
| in the Zone II of a public drin dictate minimum square for also the Hamilton Zoning By | king water supply well, the otage requirements for t Laws: Groundwater Prote | struction standards" and the property is located ere are Nitrogen Loading Limitations which he lot, per Title 5: 310 CMR 15.214-217. See ection Overlay District. Culatory approval have been or will be granted. |
| Schedule of Fees: | | |
| Soil Testing: | New Construction | |
| Soil Testing: | Upgrade | \$200.00 |

Additional Soil Testing:

BOH: Schedule Date:_

Time:__

\$100.00