



Georgetown Board of Health

1 Library Street Georgetown, MA 01833- Tel. 978-352-5720
Fax. 978-352-5714

APPLICATION FOR PERCOLATION TEST

The following must be attached to this form:

- ◇ Plot Plan
- ◇ Mass. Certified Soil Evaluator Name (per DEP) must perform the actual test.
- ◇ Fee of \$150.00 - includes one perc test and two deep hole test
(Additional fees required for new lots requiring two acceptable percs and four deep holes per lot)

Date: _____

Applicant Name: _____

Applicant Address: _____

Tel: _____ Cell: _____ Email: _____

Address of Property to be tested: _____

Number of Lots to be tested _____ Map & Lot# _____

Proof of ownership/Tax bill etc: _____

Engineer: _____ Phone #: _____

Intended use of the Land (residential, subdivision, single-family, multiple dwelling)

Applicant Signature

Date:

General Information:

- ❖ *Two (2) perc.test and four (4) deep holes required for new systems.*
- ❖ *Repairs usually only require one perc test and two deep holes.*
- ❖ *Fee is required on all tests, pass or fail.*
- ❖ *Payment is required with application for projected tests.*

Payment will be required on all additional tests the day of testing or before.

WITHIN 60 Days: a copy of the soil evaluation, using proper forms described in Title 5 should be submitted to the Board of Health.

Application will only be accepted with a completed trench permit & applicable fees.