

Northfield Board of Health  
**Application for Percolation Test**  
(aka Soil Evaluation)

**Instructions:**

- ➔ **Application** must be prepared in **duplicate**
- ➔ **Payment** (to the Town of Northfield) should be received **prior to the test date**
- ➔ **FEE:** \$110.00 for the first 3 hours and \$25.00 each hour thereafter
- ➔ **Send original** application & check to:  
Northfield Board of Health, 69 Main Street, Northfield, MA. 01360  
**OR** bring to a Board meeting (2<sup>nd</sup> and 4<sup>th</sup> Thursday @ 5:45 pm second floor in Town Hall)
- ➔ **Duplicate** copy of the application is to be brought to the test site on the day of the test & completed by the BOH witness
  
- ➔ Requested test date: \_\_\_\_\_
- ➔ Name of applicant (Please print neatly) \_\_\_\_\_
- ➔ Address: \_\_\_\_\_ Phone #: \_\_\_\_\_
- ➔ Location of parcel & directions: \_\_\_\_\_  
\_\_\_\_\_
- ➔ Assessors Map & Parcel: \_\_\_\_\_ Acreage: \_\_\_\_\_ Book & Pg: \_\_\_\_\_
- ➔ Soil Evaluator: \_\_\_\_\_
- ➔ Name of firm & Address: \_\_\_\_\_  
\_\_\_\_\_
- ➔ Phone #: \_\_\_\_\_ Applicant/Agent Signature: \_\_\_\_\_
- ➔ Dig Safe#: \_\_\_\_\_ (call at least 72 hrs prior to excavating 1-888-344-7233)
- ➔ Backhoe Operator: \_\_\_\_\_

**To be completed by BOH witness @ the time of testing:**

Depth to SHWT: T.P. #1 \_\_\_\_\_ T.P. #2 \_\_\_\_\_

Perc Rate Perc #1 \_\_\_\_\_ Perc #2 \_\_\_\_\_

TP# \_\_\_\_\_ TP# \_\_\_\_\_

➔ **Witnessed By (BOH Member)** \_\_\_\_\_

➔ **Please draw Sketch of site & test locations on back of sheet**