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 (2nd and 4th 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**