

FEE \$200.00

**Southampton Board of Health
210 College Highway, Suite 4
Southampton, MA 01073**

Application for Percolation Test

Date: _____ Repair _____ New System _____

Applicant:

Soil Evaluator/Engineer/R.S.

Name: _____

Name: _____

SE # _____

Phone #: (____) _____

Phone #: (____) _____

Fax # (____) _____

Fax # (____) _____

Applicant owns site? Yes ___ No ___

Mass. Lic. # _____

Excavator:

Board of Health Witness:

Name: _____

Health Agent

Address: _____

Phone: (413)529-1003 (office)

Phone #: (____) _____

Fax # (413)529-6847

Fax # (____) _____

Location of Percolation Test

Area to be reviewed street address (or directions if land not developed): _____

Site located on Assessor's MAP _____ LOT _____ Lot

Size: _____

Name of Owner (if other than Applicant) address, and phone number:

Test Date

Scheduled date of test: _____ / _____ / _____ Time: _____

Mail completed form along with check or money order for \$200.00 payable to the
Town of Southampton, 210 College Highway, Suite 4, Southampton, MA 01073

Amount paid _____ Date _____

By _____

Percolation Test

Street Address _____

Date _____

Perc Test Results

Observation Hole #	Perc Test #	Observation Hole#	Perc Test #
Depth of Perc from Surface		Depth of Perc from Surface	
Start time pre-soak		Start time pre-soak	
End time pre-soak		End time pre-soak	
Time @ 12"		Time @ 12"	
Time @ 9"		Time @ 9"	
Time @ 6"		Time @ 6"	
Time from 9"-6"		Time from 9"-6"	
Perc Rate Min/Inch		Perc Rate Min/Inch	

Comments _____

Field Diagram(s)