

**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 **\$300.00** payable to the  
Town of Southampton, 210 College Highway, Suite 4, Southampton, MA 01073

Amount paid \_\_\_\_\_ Date \_\_\_\_\_

By \_\_\_\_\_