



Gail Joseph
Health Agent

Town of Mattapoissett

Board of Health

16 Main Street
Mattapoissett, MA 02739

Carmelo Nicolosi
Board Member

Russell Bailey
Board Member

Michele Bernier
Board Member

Percolation Test Application Form

Facility Address: _____

Assessor's Map/Parcel/Lot #: _____

Owner(s) Name: _____

Name of Soil Evaluator: _____ /License #: _____

Telephone Number: _____ /Email Address: _____

Name of Excavator: _____

- **Reason for Perc/Soil Evaluation:**
(please circle any that apply)
 - New Construction/Increase in Flow
 - Septic Repair/Upgrade
 - Other (describe): _____
- **Water Supply:**
(please circle any that apply)
 - Public
 - Private (distance from well): _____
- **Approximate Distance from Wetland or Water Resource Area:**
If test is to be conducted within 100 feet of area, the Mattapoissett Conservation Agent must be notified in advance
- **Please enclose payment, either cash or check payable to the Town of Mattapoissett:**
Percolation Test (New): \$400
Percolation Test (Repair): \$200

FOR BOARD OF HEALTH OFFICE USE ONLY

Date of Perc Test: _____

Initials: _____

Time of Perc Test: _____

Confirmed: YES NO

Witnessed By: _____

High Tide: YES NO

Performed By: _____

More Testing Needed: YES NO

Soil Suitability Assessment for Sewage Disposal

DEEP OBSERVATION HOLE LOG				Hole #	Perc #
Depth from Surface (In.)	Soil Horizon	Soil Texture (USDA)	Soil Color (Munsell)	Soil Mottling	Other (Structure, Stones, Boulders, Consistency, % Gravel)

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DETERMINATION FOR SEASONAL HIGH GROUNDWATER TABLE

Method Used: _____ Depth Standing in obs. hole: _____ in.
 Depth to soil mottles: _____ in. Depth to weeping from side of obs. hole: _____ in.
 Does at least four feet of natural occurring pervious material exist in all areas observed throughout the area proposed for the soil absorption system? (YES/NO) _____