



TOWN OF TOPSFIELD - BOARD OF HEALTH

8 West Common Street
Topsfield, MA 01983
(978) 887-1520 phone
(978) 887-1521 fax

APPLICATION FOR PERCOLATION AND DEEP HOLE TESTING

(Trench Permit required for all subsurface excavation greater than 3 feet in depth, and 15 feet or less between soil walls - issued by the [Topsfield Fire Department](#))

Address: _____

Map and Lot #: _____ (Please include a copy of Assessor's map or locus)

Water Supply: Well _____ Town Water _____

Applicant Name: _____

Applicant Address: _____ Telephone: _____

Property Owner: _____

Property Owner Address: _____ Telephone: _____

Property Owner Email: _____

Engineering Company: _____

Engineering Company Address: _____ Telephone: _____

Soil Evaluator: _____

Date of Soil Evaluator Certification in Massachusetts: _____

Soil Evaluator Telephone: _____ Email: _____

☐ Lot Has Been Tested Previously

If so, when? _____ By Whom? _____ Records Avail.? _____

☐ Lot Has Not Been Tested

It is the responsibility of the applicant to hire an Engineer/Soil Evaluator to conduct the soil testing and back hoe operator.

Conservation Commission must sign off on wetland delineation, if applicable, before testing and boundaries of the lot and wetlands must be flagged before testing is conducted. Dig Safe number must be provided if requested.

New Construction Fee for soil testing is \$200/lot (4 hours max). Repair to Existing Septic System Fee for soil testing is \$75/lot. Excess time will be billed at \$50/hour for the Health Agent's time. Please make checks payable to the Town of Topsfield in the correct amount and attach to completed application. No testing will be scheduled until the application form has been completed, received at the Board of Health office and a check for the correct amount submitted.

Applicant's Signature

Date

Conservation Commission Review - Wetland Delineator (if wetlands present):

Wetlands must be flagged and ConsCom sign off obtained before testing can occur

Conservation Commission Approval: _____

Board of Health Office Use:

Perc/Deep Hole Test Date: _____

Fee Paid: _____

Date: _____

Taxes Paid: _____