



TOWN OF CHARLTON

37 MAIN STREET
CHARLTON, MA. 01507
508-248-2210

BOARD OF HEALTH

PERMIT # _____ (given by BOH)

APPLICATION FOR PERCOLATION & DEEPHOLE SOILS EVALUATION

FEES: Residential: \$300.00 **DATE:** _____
Commercial: \$400.00

*Submit subdivision/ANR Plan layout sheet **NEW** _____ **REPAIR** _____

Checks made payable to the Town of Charlton **APPLICATION FEES ARE NON-REFUNDABLE**

MAP: _____ **BLOCK:** _____ **LOT:** _____ (must be obtained at assessor's office)

TESTING LOCATION: _____

(Include Lot Number or Street number – if unknown put closest utility pole number to test site)

Type of Building Proposed: Residential () Commercial () Other ()

Name of Applicant: _____ Phone #: _____

Address of Applicant: _____

Name & Address of Owner: _____

Name of Soil Evaluator: _____ Phone #: _____

Approved Soil Evaluator number: SE _____ Exp. date _____

Address of Soil Evaluator: _____

Proposed Water Supply to Lot: () Municipal () Well

Previous Testing of Lot: Date: _____ Evaluator: _____

Test Results: Percolation Rate _____ MPI Groundwater Level: _____

Signature or Applicant: _____

By my signature I certify that I have the authority or have gained the authority to access the above-mentioned property for the purpose of Title 5 soils testing

- Appointments are scheduled by having the Engineer listed above contact the Board of Health Engineer, by calling 508-987-6108.
- Your email **MUST** include the following:
 1. Permit Number
 2. Location of Testing (Street number and/or utility pole number)
 3. Return contact information including name, engineering firm and phone number.
- This application will be valid for a period of one (1) year from the date listed above.
- A completed soils test will be valid for a period of two (2) years.
- **Percolation/soils evaluation results are due in this office no later than 60 days from date of testing. All results must be submitted on DEP approved soils data forms.**

FOR BOH USE ONLY

SOILS TESTING APPOINTMENT DATE _____