



TOWN OF HALIFAX
COMMONWEALTH OF MASSACHUSETTS

Board of Health

499 Plymouth Street, Halifax, MA 02338
Telephone (781)293-6768 * Fax (781)293-1738

Application for Percolation Testing
Trench permit needed see Building Department

Date: _____

Fee Paid: _____

New: \$250.00 per 1/2 day _____

Repair: \$100.00 _____

1. Name of Land owner: _____ Phone _____

2. Location of property: _____

(If no street number available, please let us know what the land is near)

a. Assessor's Map#: _____ Lot#: _____

3. Is the lot identified with a sign lot or house number? Yes _____ No _____

4. Are the property lines defined or marked? Yes _____ No _____

b. *(If the answer to questions 3 and/or 4 is No, Please describe)* _____

5. Registered Engineer or Registered Sanitarian:

Name: _____ Registration#: _____

Address: _____ Phone: _____

c. Attach a copy of the assessor's map with the lot marked. Sketch any unusual site conditions, which may affect the proposed sub surface disposal system, such as wetlands, bedrock, outcrop, etc., on the map.

6. Is this test being conducted for a subsurface sewerage disposal system for this job?

d. Yes _____ No _____. If no, explain: _____

7. Name and Address of applicant: _____

Note: Systems designed on the basis of inadequate percolation tests and insufficient data may require re-application for a new perc test. (This will be determined by the Board of Health)

For Office Use Only

Date Received: _____ Date of Perc Test: _____

Cc: Water Department
Conservation Commission

Affidavit

I understand that it is my responsibility to notify the Halifax Conservation Committee for regulatory review of any field work to be done within the 50' and 100' buffer zone from a delineated wetland as designated by the Halifax Conservation Commission. It is also my understanding that I will not disturb any wetlands to get to the designated site (s) for this proposed perc test.

Signature of applicant/Owner or Representative

Date