



ROCKPORT
BOARD OF HEALTH
 34 Broadway - Rockport, MA 01966
 Phone: 978-546-3701 / Fax: 978-546-5013

SOIL & PERCOLATION TESTING APPLICATION

DATE: _____

STREET LOCATION OF PARCEL: _____ MAP/LOT: _____/_____

Is there an existing dwelling on lot? _____ Is the soil evaluation for existing dwelling? _____

Note: If this soil evaluation is for an existing dwelling, on the day of the evaluation the Health Agent will need to walk through the dwelling to count rooms, check for garbage grinders, and note where building sewer(s) exit the building.

Will the septic system be designed under "upgrade" or "new construction" standards? _____

Has the parcel been tested before? _____ YES _____ NO If Yes, Date: _____

Estimated time to complete test: _____

SOIL EVALUATOR: _____ PHONE: _____

ADDRESS: _____ FAX: _____

ENGINEERING FIRM: _____ PHONE: _____

ADDRESS: _____ FAX: _____

PROPERTY OWNER: _____ PHONE: _____

ADDRESS: _____

Please submit the completed application to the Board of Health Office with the following:

- Locus map with an arrow to the lot location.
- Site/plot plan showing all physical features such as cross streets, identified wetlands and water bodies, and rock outcropping. Depict with "x" (s) on site plan where soil tests will take place.
- Fee: \$200 per proposed septic system (up to 4 hours).

A Conservation Commission determination as to the absence or presence of wetlands within 100 ft of the proposed testing location is required prior to scheduling or conducting a perc test/soil evaluation. Each proposed testing location must be marked in the field with a readily identifiable orange stake. Testing must be conducted no further than 20' from each field identifier. Proper locus maps and field identification markers will expedite this process.

The Board of Health Office will contact the Soil Evaluator to schedule a date and time for the soil evaluation after the Conservation Commission has completed its review of the application.

FOR OFFICIAL USE ONLY

BOH: Locus map attached and marked? _____ YES _____ NO Site plan attached and marked? _____ YES _____ NO
 Check # _____ Amount \$ _____

ConCom: Wetlands Present? _____ YES _____ NO Wetland Delineation and/or filing required? _____ YES _____ NO
 Flood Zone? _____ YES _____ NO

COMMENTS: _____

Signature of Conservation Commissioner/Agent: _____ Date: _____

BOH: Scheduled Date: _____ Time: _____