



TOWN of STURBRIDGE BOARD of HEALTH



Public Health
Prevent. Promote. Protect.

Percolation Test Application

Check to be made payable to: Town of Sturbridge

Application must be completed with your Soil Evaluator

New Construction	\$200 for first 3 hours \$50 for each additional hour
Repair	\$150 for first 3 hours \$50 for each additional hour

☐ **New Lot / Land** ☐ **Existing Upgrade/Repair**

Parcel Street Address:	Assessor's Map & Parcel:
Owner Name:	Owner Phone:
Owner Mailing Address:	
Applicant Name:	Applicant Company:
Applicant Phone:	Applicant Email:
Applicant Mailing Address:	
Soil Evaluator Name:	Soil Evaluator Company:
Soil Evaluator Phone 1:	Soil Evaluator Phone 2:
Soil Evaluator Email:	
Soil Evaluator Mailing Address:	

☐ Area is within 100' of wetlands. If yes, enclose a locus map showing wetlands limits.

- Owner/applicant will make arrangements for contractor, equipment, land clearing, etc., necessary to perform the test, prior to the test.
- Owner/applicant or soil evaluator shall coordinate the scheduling of the percolation test with the Health Agent.
- If the contractor or soil evaluator and/or the equipment do not perform excavation in the prescribed time, the Agent may call off a test and the applicant will be liable for the fee.
- A new application fee will be charged for cancellation or rescheduling percolation tests if 24 hours' notice is not given, except in cases of severe weather, then a mutually agreeable appointment will be re-scheduled.
- If more than one percolation test has to be done or the Agent must make extra visits to the site due to the fault of the applicant, soil evaluator, and/or contractor, an additional fee may be charged for each separate incident.

I have read and understood the above instructions/information.

Owner/Applicant Signature: _____ **Date:** _____