



BOARD OF HEALTH
299 Bay Road
Hamilton, MA 01936

Tel: 978-626-5245

SOIL & PERCOLATION TESTING APPLICATION

ONE APPLICATION PER SEPTIC SYSTEM

DATE: _____ Amount enclosed: _____

STREET LOCATION OF PARCEL _____ MAP/LOT: _____

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

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

Is lot within Zone II? _____ If yes, Lot area _____ and proposed design flow _____

Forty-five minutes of Health Agent time is typically allocated to witness soil evaluations for upgrades, and 1 1/2 hours for new construction. If Soil Evaluator believes more time may be needed, please estimate the amount of time _____.

SOIL EVALUATOR: _____ PHONE: _____

ADDRESS: _____ EMAIL: _____

ENGINEERING FIRM: _____ PHONE: _____

ADDRESS: _____ EMAIL: _____

PROPERTY OWNER: _____ PHONE: _____

If the applicant is not the owner, please submit written permission of owner to conduct tests.

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

- 8 1/2 x 11" site/plot plan showing location of test area, buildings, existing septic, wetlands, cross streets.
- Locus map with an arrow to the lot location
- Copy of trench permit application from the Public Works Department
- Check payable to the Town of Hamilton

Note: If the septic system is to be built under "new construction standards" and the property is located in the **Zone II** of a public drinking water supply well, there are Nitrogen Loading Limitations which dictate **minimum square footage requirements for the lot**, per Title 5: 310 CMR 15.214-217. See also the Hamilton Zoning By-Laws: Groundwater Protection Overlay District.

Scheduling of a soil test does not imply that all regulatory approval have been or will be granted.

Schedule of Fees:

Soil Testing:	New Construction	\$350.00
Soil Testing:	Upgrade	\$200.00
Additional Soil Testing:		\$100.00

BOH: Schedule Date: _____ Time: _____