



# Town of Plympton

## BOARD OF HEALTH

### APPLICATION FOR PERCOLATION TEST

Date \_\_\_\_\_ Fee: \_\_\_\_\_

Raw Land – NEW \_\_\_\_\_ Repair \_\_\_\_\_

1.) Name of Land Owner: \_\_\_\_\_

2.) Location: A) Street Address(if no number let us know what number the land is near. \_\_\_\_\_

B) Assessor's Map # \_\_\_\_\_ Block # \_\_\_\_\_ Plot (Lot)# \_\_\_\_\_

C) Is the lot identified with a sign with the lot or house number: YES \_\_\_\_\_ NO \_\_\_\_\_

3.) Are the lot or property lines defined and marked: YES \_\_\_\_\_ NO \_\_\_\_\_

4.) If the answer to Question 3 is NO, please describe: \_\_\_\_\_

5.) Name of the certified Soil Evaluator who will be supervising the test:

Name: \_\_\_\_\_ Certification # \_\_\_\_\_

Name of Engineering Firm: \_\_\_\_\_

Address and Phone #: \_\_\_\_\_

**"I understand that as the soil evaluator it is my responsibility to notify the Plympton Conservation Commission for regulatory review of any field work to be done within the 100' buffer zones from a delineated wetland as designated by the Plympton Conservation Commission or any other known wetlands as defined in MGL c. 131,§40, the Wetlands Protection Act.**

\_\_\_\_\_  
(Signature of Certified Soil Evaluator)

\_\_\_\_\_  
(Date)

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

7.) Is this test being conducted for a subsurface sewerage disposal system for this job? YES \_\_\_\_\_ NO \_\_\_\_\_

If No, explain: \_\_\_\_\_

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

9.) Name and address of applicant: \_\_\_\_\_

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OFFICE USE ONLY

Scheduled Test Date \_\_\_\_\_

Time: \_\_\_\_\_

Cc: Conservation Committee

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