

**TOWN OF MARSHFIELD  
BOARD OF HEALTH**

**APPLICATION FOR PERCOLATION TESTS/SOIL EVALUATION**

***Instructions:** Please complete this form and deliver or mail a check payable to the Town of Marshfield to the Marshfield Board of Health, Town Hall, 870 Moraine St., Marshfield, Ma. 02050.*

*Checks should be made out in the amount of either (1) \$50 for repairs to existing septic systems or (2) \$50 for 1/2 day, or \$100 for each full day requested for new construction (The balance for new construction hours witnessed by Board of Health will be billed out at \$50/hour, and at \$25/hour for repairs).*

*After payment is made, and your application is completed, the Board of Health will assign a date by contacting your engineer. It is your responsibility to secure a back hoe, notify your back hoe operator, and assure access and permission for all parties and equipment on the property to be tested.*

Applicant Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Responsible Party for future billing (for new construction) \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date signed \_\_\_\_\_

New Construction \_\_\_\_ Repair \_\_\_\_ (Check one)

Location to be tested \_\_\_\_\_

Owner of Location to be tested \_\_\_\_\_

Amount of days requested \_\_\_\_

Engineer (P.E.) /Reg. Sanitarian Name \_\_\_\_\_ Phone # \_\_\_\_\_

Soil Evaluator Name \_\_\_\_\_ Phone # \_\_\_\_\_

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**BOH use only:**

Date Assigned \_\_\_\_\_

Notes: