

IMPORTANT – The BOH must receive the following before soil testing will be scheduled:
(1) Conservation Commission approval, and
(2) A copy of the *Trench Permit*

APPLICATION NO. _____
DATE RECEIVED _____
FEE PAID _____
(25% of the total fee is a non-refundable administration fee)

TOWN OF SHERBORN - BOARD OF HEALTH
APPLICATION FOR WATER TABLE AND PERCOLATION TESTS

I hereby apply to perform water table and percolation tests:

APPLICANT NAME _____

APPLICANT ADDRESS _____

APPLICANT TELEPHONE NO. _____ (_____)

Individual to be contacted by the Board of Health Agent to arrange a date for testing:

NAME _____ **TELEPHONE NO.** _____ (_____)

(NOTE: The engineer should be familiar with the Board of Health Regulations before going onto the site.)

TYPE OF TESTING TO BE PERFORMED (please specify which):

Water Table _____ ; **Percolation** _____ ; **Both** _____

LOCATION OF TESTING:

Street Address _____ **Lot No.** _____

ATTACHED IS A PLOT PLAN SHOWING:**

1. Area to be tested _____
2. All water courses _____
3. Any wells within 200 feet of testing area _____
4. Distance to nearest intersecting street _____
5. Plot plan drawn to scale _____

****Applications which do not include all requirements will not be accepted and will be returned to the applicant.**

SIGNATURE _____
(Owner of Property)***

NAME _____
(Type or Print)

DATE OF TESTING:

ADDRESS _____

(To be completed by BOH Agent)

DATE _____

***If this application is signed by an "Agent" for the owner, a "Statement of Agency" or "Power of Attorney", which is signed by the Owner, must be attached.
REFUNDS: 50% of the fee will be refunded if testing is canceled less than 7 days prior to the testing date. There will be *NO REFUND* if testing is canceled within 24 hours of the scheduled testing.