

# TOWN OF CONWAY, MASSACHUSETTS

## Board of Health

5 Academy Hill Rd. / P. O. Box 240

Conway, Ma 01341

Phone: (413) 369-4235 Ext. 8

Email: boardofhealth@conwayma.gov



## Application for Soil Percolation Test

### Instructions:

- Application must be prepared in **duplicate**
- Payment (to the Town of Conway) **must** be received **prior to the test date**
- FEE: \$200 for new construction; \$100 for upgrade / repair to an existing system (for the first 3 hours and \$25.00 each hour thereafter)
- Send Original application & check to:
  - Conway Board of Health, PO Box 240, Conway, MA 01341 **OR**
  - Bring to Board meeting (2<sup>nd</sup> and 4<sup>th</sup> Monday @ 5:00 pm, Town Hall office space)
- Duplicate copy of the application is to be brought to the test site on the day of the test & completed by the BOH Agent/witness

Reason for Test: \_\_\_\_\_ New construction \_\_\_\_\_ Upgrade or repair existing system

Requested test date: \_\_\_\_\_ Alternate test date: \_\_\_\_\_

### Applicant Information:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Applicant/Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Property Owner Information:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

### Parcel Information:

Address of parcel & directions: \_\_\_\_\_

Assessor's Map No.: \_\_\_\_\_ Parcel ID No: \_\_\_\_\_ Acreage: \_\_\_\_\_

**Soil Evaluator Information:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Dig Safe No: \_\_\_\_\_ (call at least 72 business hours prior to excavating)

Backhoe Operator: \_\_\_\_\_

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**To be completed by the BOH Agent/witness at the time of testing:**

Is there a residence within 200 feet of the proposed test site? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is there a well within 200 feet of the proposed test site? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Test Site Description:**

Distance to the nearest well: \_\_\_\_\_

Distance to the nearest stream: \_\_\_\_\_

Distance to the nearest wetland: \_\_\_\_\_

Distance to the nearest right of way or highway: \_\_\_\_\_

Depth to SHWT: T.P. #1 \_\_\_\_\_ T.P. #2 \_\_\_\_\_

Perc Rate Perc #1 \_\_\_\_\_ Perc #2 \_\_\_\_\_

TP# \_\_\_\_\_ TP# \_\_\_\_\_

**Witnessed by (BOH Agent):** \_\_\_\_\_