



Dighton Board of Health  
1111 Somerset Avenue  
Dighton MA 02715  
(774) 872-0943

BOH OFFICE
Date Received: _____
Fee Amount: _____

## Application for Percolation Test and Observation Hole

Please Print Legibly

Location of Work: \_\_\_\_\_ Map: \_\_\_\_\_ Lot: \_\_\_\_\_

Fee: \$225 Repair -Includes Conservation site review - includes 2 deep holes & 1 perc test  
\$400 / Lot New Construction or Increase in Flow + \$25/acre Conservation site review  
Number of Acres: \_\_\_\_\_ includes 4 deep holes & 2 perc tests  
\$75 Groundwater Observation / Each additional test hole

Are there wetlands or streams within 100' of proposed tests? Y / N (circle one)  
If yes, is the stream a tributary to a Surface Water Supply? Y / N (circle one)  
Is site located within a Zone II of a public water supply? Y / N (circle one)

Owner Name: \_\_\_\_\_  
Owner Address: \_\_\_\_\_

Soil Evaluator Name: \_\_\_\_\_ Massachusetts SE #: \_\_\_\_\_  
SE office #: \_\_\_\_\_ SE cell #: \_\_\_\_\_

Excavator: \_\_\_\_\_ Excavator Cell #: \_\_\_\_\_

\_\_\_\_\_  
Soil Evaluator's Signature Date

Notes: Trench Permit must be obtained prior to testing. Application available at Building Department  
Dig Safe, Water Service must be marked out prior to testing  
Test date to be scheduled only with the Soil Evaluator -not with owner, developer  
Date will not be scheduled until Conservation Commission approval is received

\*\*\*\*Conservation Site Review\*\*\*\*

On \_\_\_\_\_, a representative from Conservation Commission visited the site  
to conduct a wetland determination for the purpose of performing a perc test only.

Determination: 1. The Perc Test proposed on the above site IS / IS NOT within 100 feet of a wetland.  
2. The Perc Test proposed on the above site IS / IS NOT within 200 feet of a stream or river.  
3. The Perc Test proposed on the above site IS / IS NOT within 200 feet of a vernal pool.

Action: A. No Wetland Filing is required for the Percolation Test.  
B. Wetlands / Streams to be flagged by a botanist prior to scheduling a perc test.  
C. Applicant must file with the Conservation Commission prior to scheduling, an application for:  
ANRAD / NOTICE OF INTENT / REQUEST FOR DETERMINATION  
D. Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Approved By: \_\_\_\_\_  
Agent, Conservation Commission

\*\*\*\*Board of Health Office Use Only\*\*\*\*

Trench Permit Number: \_\_\_\_\_  
Date Scheduled: \_\_\_\_\_ Time: \_\_\_\_\_