



Town of Stoughton
Board of Health
10 Pearl Street
Stoughton, MA 02072
Tel: 781-341-1300 ext. 9273
Fax: 781-341-1086

Application for Percolation Test and/or Observation Hole

Date: _____

Payment must accompany this application.

_____ Percolation Test ½ Day (three hours or less) \$150.00

_____ Percolation Test Full Day (3+ hours or more) \$300.00

_____ Foundation Test Hole (new construction only) \$100.00

Location of work: _____

Existing house on property: _____ Vacant land: _____

Repair: _____ Increase Flow: _____ New Construction: _____

Owners Name: _____ *Contact Number _____

Owners Address (if different than perc. location): _____

Engineer/Reg. Sanitarian: _____ Reg. # _____ *Contact Number: _____

Excavator: _____ *Contact Number _____

Are there wetlands or streams within 100' of where work is going to take place on the property? _____ *If yes you must go to the Stoughton Conservation Commission before any field work is started. I understand that it is my responsibility to notify the Stoughton Conservation Commission if there are any wetland resource areas within 100' of the proposed work.

A Trench Permit is required if a hole is to be dug that meets the definition of a trench per 520CMR1400-Excavation and Trench Safety Regulations.

Engineer or Installer Signature

Date

This application has been submitted by: _____

Date Received: _____ Received by: _____

Date Scheduled: _____ Time: _____ To be witnessed by: _____

****NOTE: It is the applicant's responsibility to confirm a perc test and/or observation hole appointment within 5 business days from submittal of application. Please call number listed.**