



**APPLICATION FOR PERCOLATION TESTS, SOIL EXAMINATIONS  
AND GROUNDWATER DETERMINATION**

DATE: \_\_\_\_\_

LOCATION: \_\_\_\_\_

REPAIRS	NEW CONSTRUCTION / INCREASED FLOW	GROUNDWATER DETERMINATION DEC. 1 - APR. 30
<input type="checkbox"/> 1/2 DAY - \$100.00  <input type="checkbox"/> FULL DAY - \$200.00	NUMBER OF LOTS: _____  <input type="checkbox"/> 1/2 DAY - \$200.00  <input type="checkbox"/> FULL DAY - \$400.00	NUMBER OF LOTS: _____  \$25.00 Per Leaching Facility (1/2 Hour)

OWNER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: (    ) \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: (    ) \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

**FEE MUST ACCOMPANY COMPLETED APPLICATION AND AFFIDAVIT ON BACK. YOUR OFFICE  
WILL BE CONTACTED UPON RECEIPT OF APPLICATION TO SCHEDULE YOUR TEST DATE.**

**OFFICE USE ONLY**

DATE RECEIVED: \_\_\_\_\_

PAYMENT RECEIVED:  YES \_\_\_\_\_

NO \_\_\_\_\_

TEST DATE: \_\_\_\_\_

CANCELED: \_\_\_\_\_

TIME: \_\_\_\_\_ (A.M.)(P.M.)

TOWN OF EASTON



BOARD OF HEALTH

136 ELM STREET  
NORTH EASTON, MA 02356-0129  
Tel. (508) 230-0620

***AFFIDAVIT***

***I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO NOTIFY THE EASTON CONSERVATION COMMISSION, FOR REGULATORY REVIEW, OF ANY FIELD WORK TO BE DONE WITHIN THE 50' AND 100' BUFFER ZONE FROM A DELINEATED WETLAND AS DESIGNATED BY THE EASTON CONSERVATION COMMISSION.***

***I ALSO UNDERSTAND THAT A TRENCH PERMIT WILL BE REQUIRED IF A HOLE IS DUG THAT MEETS THE DEFINITION OF A TRENCH PER 520 CMR 14.00 EXCAVATION & TRENCH SAFETY REGULATIONS.***

***PROPERTY LOCATION :*** \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
***SIGNATURE***

\_\_\_\_\_  
***DATE***

\_\_\_\_\_  
***COMPANY NAME***

\_\_\_\_\_  
***ADDRESS***

\_\_\_\_\_  
***( ) TELEPHONE***

\_\_\_\_\_  
***( ) CELL PHONE***