



CITY OF SALEM, MASSACHUSETTS

BOARD OF HEALTH
98 WASHINGTON STREET, 3RD FLOOR
SALEM, MA 01970
TEL. (978) 741-1800
health@salem.com



Public Health
Prevent. Promote. Protect.

DOMINICK PANGALLO
MAYOR

DAVID GREENBAUM, RS, CHO
HEALTH AGENT

APPLICATION TO SCHEDULE DEEP HOLE OBSERVATION & PERCOLATION TEST

Application to be completed by Soil Evaluator, Registered Sanitarian or Engineer

Address of property to be tested:
Map #: ___ Lot #: ___ Upgrade ___ New Construction ___
Upgrade with increase in flow ___
Property Owner ___ Applicant (if different) ___
Owner Address ___ Phone # ___
Applicant Address (if different) ___ Phone # ___
Soil Evaluator Name ___ Phone # ___
Is the Soil Evaluator a current licensed Massachusetts State Soil Evaluator? Y / N
If yes, list license # ___ (If no, individual cannot perform soil evaluations)
Company Name ___
Distance to nearest wetland resource area ___
Was a Notice of Intent Filed with Conservation? Yes ___ No ___
Has the parcel been tested before? ___ If yes, date(s) of testing ___
Will the property be DIG SAFE certified before soil testing is performed? Y / N
Has a trench permit been filed with the City of Salem for the soil testing? Y / N
Signature of owner or owner's agent ___
Print name ___
Signature of applicant (if different) ___
Print name ___

Fee: \$180 per lot for upgrade or repair, \$225 per lot for new construction
(Please make checks payable to the City of Salem)

Plot plan of property required with return application that shows presumed location(s) for testing.

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

SOIL EVALUATOR MUST CALL FOR A TESTING DATE AFTER THE COMPLETED APPLICATION
AND FEE MUST HAVE BEEN RECEIVED IN THE BOARD OF HEALTH OFFICE

FOR OFFICIAL USE ONLY

Date Received: ___ Fee: ___ Received By: ___