



CITY OF SALEM, MASSACHUSETTS

BOARD OF HEALTH
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KIMBERLEY DRISCOLL
MAYOR

LARRY RAMDIN, RS/REHS, CHO, CP-FS
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 HAVE BEEN RECEIVED IN THE BOARD OF HEALTH OFFICE

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FOR OFFICIAL USE ONLY

Date Received: _____

Fee: _____

RECEIVED BY: _____