

METHUEN HEALTH DEPARTMENT	Fee: \$175.00 _____
90 Hampshire Street	Check # _____
Methuen MA. 01844	Date Received _____
Telephone 978-983-8655	Permit # _____

PERC/SOIL TEST APPLICATION

Assigned Date: _____	Assigned Date: _____
Assigned Time: _____	Assigned Time: _____

Locus map and plot plan must be included with application.

Test Site Location:	
Geological Parent Material:	Land Form:
Soil Name:	
Property Owner:	Tel. #:
Address:	
Name of Soil Evaluator:	
Name of Engineer:	Tel. #:
Address:	

Purpose of Testing

House addition or expansion: _____ New home or other building: _____
 Repair of failing system: _____ Subdivision: _____

Has site been previously tested? **YES** _____ **NO** _____

If **YES**, when? _____ Name of Engineer: _____

- I understand that all fees must be paid prior to assignment of a testing date.
- The soil testing location is in wetlands or the 100 foot buffer zone as defined by Massachusetts Wetlands & Protection Act (Chap. 131, Sec, 40) **YES** ___ **NO** ___
- Soil testing requires crossing wetlands with heavy construction equipment: **YES** ___ **NO** ___
- It is the applicant's responsibility to provide all necessary personnel and equipment.
- Failure of the applicant or his agent to adequately prepare the site for testing may result in cancellation of testing. There is no guarantee that another testing date will be immediately scheduled in such circumstances.
- Applicant is responsible for guiding the department representative to the site.
- Testing dates will be assigned based upon date of receipt for a completed application.
- The Conservation will receive a copy of this application.
- I have read and understand the above conditions and requirements.

Applicant's or Agent's Signature

Date