



TOWN OF SUTTON
BOARD OF HEALTH
4 Uxbridge Road
Sutton, MA 01590
Tel: 508-865-8724

PERMIT# _____
(Assigned by BOH via email to Soil Evaluator)

APPLICATION FOR PERCOLATION TEST

FEE (circle one): Residential: \$350.00 per lot
Commercial: \$425.00 per lot

DATE: _____

(Deep Hole Only: \$175.00 or Perc Test Only: \$250.00) Reason: _____
(Date/Permit # of Initial Test if applicable) _____

Checks made payable to the Town of Sutton
APPLICATION FEES ARE NON-REFUNDABLE

NEW Construction or REPAIR
(circle one)

TESTING LOCTION: _____
(If address is not available use closest utility pole to test site)

Assessor's MAP # _____ **LOT #** _____ **LOT SIZE** _____ **Square Footage**

Proposed Water Supply to Lot: **Public Water Supply () Private Well ()**

Name/Address of Applicant:

Name/Address Property Owner:

Telephone: _____

Telephone: _____

Name of Engineer/Soil Evaluator:

EMAIL of Soil Evaluator: (Must Complete)

Company: _____
SE # _____ **EXPIRES** _____

Telephone: _____

Signature of Applicant _____
By my signature I certify that I have the authority or have gained the authority to access the above-mentioned property for the purpose of Title 5 soils testing

- The Permit # and INSTRUCTIONS on how to SCHEDULE the Perc Test will be sent via Email by the BOH Office to the Soil Evaluator/Engineer. When you Schedule the Perc Test you MUST include the following:
 1. Permit Number
 2. Location of Testing (Street number and/or utility pole number)
 3. Return contact information including name, engineering firm and phone number.
- This application will be valid for a period of one (1) year from the date listed above. A completed soils test will be valid for a period of two (2) years. Percolation/soils evaluation results are due in this office no later than 60 days from date of testing. All results must be submitted on DEP approved soils data forms.