

**Southampton Board of Health
210 College Highway, Suite 4
Southampton, MA 01073**

Application for Percolation Test

Date: _____ Repair _____ New System _____

Applicant:

Name: _____

Phone #: (____) _____

Fax # (____) _____

Applicant owns site? Yes ___ No ___

Soil Evaluator/Engineer/R.S.

Name: _____

SE # _____

Phone #: (____) _____

Fax # (____) _____

Mass. Lic. # _____

Excavator:

Name: _____

Address: _____

Phone #: (____) _____

Fax # (____) _____

Board of Health Witness:

Name : Nicole Fletcher

Phone: (413)529-1003 (office)

Phone #: (413)230-9429 (cell)

Fax # (413)529-6847

Location of Percolation Test

Area to be reviewed street address (or directions if land not developed): _____

Site located on Assessor's MAP _____ LOT _____ Lot

Size: _____

Name of Owner (if other than Applicant) address, and phone number:

Test Date

Scheduled date of test: _____ / _____ / _____ Time: _____

Mail completed form along with check or money order for **\$200.00** payable to the
Town of Southampton, 210 College Highway, Suite 4, Southampton, MA 01073

Amount paid _____ Date _____

By _____