



Town of Boxford

7A Spofford Road
Boxford, Massachusetts Board of Health
[978] 887-6000 Ext 172

SOIL TEST APPLICATION (one per lot)

FEE: _____
(\$300.00 for new, \$75.00 for repair)

TRENCHING PERMIT # _____

SITE LOCATION: (Provide address & assessor's Map, Block, Lot #)

NAME OF PROPERTY OWNER: _____

OWNER'S ADDRESS: _____

OWNER'S TEL: _____

NAME OF ENGINEER FOR THIS PROJECT: _____

ADDRESS: _____ TEL: _____

*** Must submit lot plan/plot plan**

TESTING IS FOR:

House Addition or Expansion: _____

Repair of Failed or Failing System: _____

New Home or other Building: _____

Subdivision: _____

Replacement of Existing Cesspool: _____

Has Site Been Previously Tested? Yes _____ No _____ If yes, what was done and when? _____

TESTING DATE: _____

Soil Testing- Wetlands Protection Check-Off:

Applicant must check a box

- () All activity associated with the proposed soil testing is located outside of areas under the jurisdiction of the Boxford Conservation Commission as follows: within 100 feet of all wetland resource areas and within 200 feet of the bank of any perennial watercourse. Therefore, proposed work does not require approval from the Conservation Commission.

- () Activity is proposed within areas under the jurisdiction of the Boxford Conservation Commission. I have received approval from the Conservation Commission for the proposed work and a copy of the Order of Conditions or Negative Determination of Applicability is attached.

Conservation Agent Signature Required

_____Date_____

NOTE: "Activity" includes encroachment into or crossing of any jurisdictional area with machinery. Applicants are strongly encouraged to consult with the Conservation Administrator if there are any questions regarding the boundaries of wetland resource areas or the limits of the Conservation Commission's jurisdiction. Failure to receive Conservation Commission approval for work within jurisdictional areas may result in a stop work order and serious legal and financial consequences for the landowner.

1. All fees must be paid prior to assignment of a testing date.
2. All necessary personnel & equipment must be provided by the applicant.
3. Failure to complete testing because of the applicant or his agent being inadequately prepared may result in the cancellation of testing.
4. The applicant is responsible for guiding the department representative to the site.
5. The seasonal high water table testing season for deep observation holes to determine groundwater elevation must be done between March 1 and May 31st.
6. All Percolation testing must be conducted between June 1 and February 29th.
7. This application allots four hours of the Health Agents time.
8. I have read the above conditions and requirements.
9. A trenching permit must be obtained from the Building Inspector prior to excavation

By my signature below, I certify that I am the owner or the authorized owner's agent for the property named above, and, if not the owner, that I have the owner's permission to make the request. I also give permission for the Agent of the Board of Health to enter on the named property, and hold the Board of Health, its agent and the Town harmless for such entry.

Applicant's Signature

Date

Applicant's Name - Print