



Dighton Board of Health
1111 Somerset Avenue
Dighton MA 02715
(774) 872-0943

BOH OFFICE	
Date: _____	
CHK # _____	PMT: _____

Application for Percolation Test and Observation Hole

Please Print Legibly

Location of Work: _____ Map: _____ Lot: _____

Fee: \$200 Repair -Includes 2 deep holes & 1 perc test
\$400 Lot New Construction or Increase in Flow. Includes 4 deep holes & 2 perc tests
\$125 Ground Water Observation / Each additional test hole Payable to BOH
\$50 ****NEW CONSTRUCTION ONLY**** Payable to Dighton Conservation Commission

Are there wetlands or streams within 100' of proposed tests? Y/ N /Unsure
If yes, is the stream a tributary to a Surface Water Supply? Y/ N /Unsure
Is site located within a Zone II of a public water supply? Y/ N /Unsure
Is the Site located within a flood zone? Y/N/Unsure

Owner Name: _____

Owner Address: _____ Owner Email: _____

Soil Evaluator Name: _____ Mass SE #: _____

SE office #: _____ SE cell #: _____

Excavator: _____ Excavator Cell #: _____

Digsafe #: _____

- **Attach air photo or plot plan locus of proposed perc area.**
- **Trench permit must be obtained prior to testing. Application available at the Building Department.**
- **Water Service must be marked out prior to testing.**
- **Test date to be scheduled only with the Soil Evaluator -not with owner, developer.**

Soil Evaluator's Signature

Date

Conservation Office Use Only

On _____, a representative from Conservation Commission visited the site to conduct a wetland determination for the purpose of performing a perc test only.

Determination: 1. The Perc Test/And/Or Access Proposed IS / IS NOT within 100 feet of a wetland.
2. The Perc Test/And/Or Access Proposed IS / IS NOT within 200 feet of a stream or river.
3. The Perc Test/And/Or Access Proposed IS / IS NOT within 200 feet of a vernal pool.

Action: A. No Wetland Filing is required for the Percolation Test.

B. Wetlands / Streams to be flagged by a botanist prior to scheduling a perc test.

C. Applicant must file with the Conservation Commission prior to scheduling, an application for: ANRAD / REQUEST FOR DETERMINATION / NOTICE OF INTENT

D. Comments: _____

Approved By: _____

Agent, Conservation Commission

Board of Health Office Use Only

Trench Permit #: _____

Date & Time Scheduled: _____