



# CITY OF GLOUCESTER

Health Department  
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**Public Health**  
Prevent. Promote. Protect.

## SOIL & PERCOLATION TESTING APPLICATION

Fee for the soil test shall be paid **prior** to the Board of Health office contacting you to schedule an appointment. The fee of \$240.00 per day must accompany this application and may include 2 perc tests and 4 deep observation holes. If site constraints prohibit completion of the soil evaluation in 1 day, a fee will be collected for each additional day required. If an overnight soak is required and a 2nd day of percolation testing is necessary an additional fee of \$220.00 is required. Failure to appear at the scheduled time will result in fee forfeiture. **The fee is nonrefundable. Rescheduling may occur due to severe weather if mutually agreed upon. The following information must be provided completely prior to scheduling. If it is not completed, the application will be returned to you.**

STREET LOCATION OF PARCEL/LOT: \_\_\_\_\_

MAP: \_\_\_\_\_ LOT: \_\_\_\_\_ IN WWMP ? \_\_\_\_\_

NAME OF OWNER: \_\_\_\_\_ PHONE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

DEP-APPROVED SOIL EVALUATOR TO BE ON SITE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

\*\*\*\*\***SKETCH PLAN WITH PROPOSED TESTING LOCATION REQUIRED**\*\*\*\*\*

ASSESSOR'S RECORD OF  
NEW: \_\_\_ OR UPGRADE: \_\_\_ NO. OF EXISTING BEDROOMS: \_\_\_\_\_ (FOR UPGRADE ONLY)

PRINT NAME \_\_\_\_\_

SIGNATURE OF DEP-APPROVED SOIL EVALUATOR \_\_\_\_\_ DATE \_\_\_\_\_

*It is required that all applications shall include a Conservation Commission determination as to the absence or presence and location of wetlands on the site. Delineation's must comply with M.G.L. 131§ 40 and may require development of a site plan. This must be completed prior to scheduling a perc test/soil evaluation.*

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### FOR OFFICIAL USE ONLY

HAVE WETLAND INVENTORY MAPS BEEN REVIEWED BY CON COM AGENT? YES \_\_\_ NO \_\_\_  
WETLANDS PRESENT ON LOT OR ADJACENT LOTS? YES \_\_\_ NO \_\_\_ (IF YES, GOT TO PAGE 2)  
DELINEATION REQUIRED BEFORE TESTING? YES \_\_\_ NO \_\_\_

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TEST DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ TOTAL FEE PAID: \_\_\_\_\_ CHECK #: \_\_\_\_\_