



**Town of Newbury**  
**Board of Health**  
25 High Road  
Newbury, MA 01951

Phone (978) 465-0862 x316  
Fax (978) 465-3064

**APPLICATION FOR PERCOLATION TEST**

The following must be attached to this form:

- ◇ Plot Plan
- ◇ Mass. Certified Soil Evaluator Name (per DEP) **must** perform the actual test.
- ◇ Fee of \$150.00 - includes one perc test and two deep hole test  
(Additional fees required for new lots requiring two acceptable percs and four deep holes per lot \$300 per new lot)

Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Address of Property to be tested: \_\_\_\_\_

Number of Lots to be tested \_\_\_\_\_ Map & Lot# \_\_\_\_\_

Proof of ownership/Tax bill etc:

\_\_\_\_\_

Soil Evaluator: \_\_\_\_\_ Phone #: \_\_\_\_\_

Intended use of the Land (residential, subdivision, single-family, multiple dwelling)

\_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date:

*General Information:*

- ❖ Two (2) perc.test and four (4) deep holes required for new systems.
- ❖ Repairs usually only require one perc test and two deep holes.
- ❖ Fee is required on all tests, pass or fail.
- ❖ Payment is required with application for projected tests.

*Payment will be required on all additional tests the day of testing or before.*

*WITHIN 60 Days:* a copy of the soil evaluation, using proper forms described in Title 5 should be submitted to the Board of Health.

***Application will only be accepted with a completed trench permit & applicable fees.***