



Town of Uxbridge Board of Health

21 South Main Street, Room 204

Uxbridge, MA 01569

Phone # (508) 278-8600 X 8 Fax # (631) 223-4307

Email: boh@uxbridge-ma.gov

PERMIT # _____ (given by BOH)

APPLICATION FOR PERCOLATION & DEEPHOLE SOILS EVALUATION

FEES: Residential: **\$300.00** Deep Hole only: **\$150.00** Perc test only: **\$250.00**
Commercial: **\$425.00**

DATE: _____

Checks made payable to the Town of Uxbridge
APPLICATION FEES ARE NON-REFUNDABLE

MAP: _____ **PARCEL:** _____ (available at assessor's office)

TESTING LOCATION: _____
(Include Lot Number or Street number – if unknown put closest utility pole number to test site)

Type of Building Proposed: Residential () Commercial () Other ()

Name of Applicant: _____ Phone #: _____

Address of Applicant: _____

Name & Address of Owner: _____

Name of Engineer: _____ Phone #: _____

Address of Engineer: _____

Proposed Water Supply to Lot: () Municipal () Well

Previous Testing of Lot: Date: _____ Engineer: _____
Test Results: Percolation Rate _ MPI Groundwater Level: _____

Signature or Applicant: _____

By my signature I certify that I have the authority or have gained the authority to access the above-mentioned property for the purpose of Title 5 soils testing

- Appointments are scheduled by having the Engineer listed above contact Steve Donatelli, via email at SDsepticinspections@gmail.com. Your email **MUST** include the following:
 1. Permit Number
 2. Location of Testing (Street number and/or utility pole number)
 3. Number of lots to be tested
 4. Return contact information including name, engineering firm and phone number.
- This application will be valid for a period of one (1) year from the date listed above.
- A completed soils test will be valid for a period of two (2) years.
- **Percolation/soils evaluation results are due in this office no later than 60 days from date of testing. All results must be submitted on DEP approved soils data forms.**