



## CITY OF SALEM, MASSACHUSETTS

BOARD OF HEALTH  
98 WASHINGTON STREET, 3RD FLOOR  
SALEM, MA 01970  
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**Public Health**  
Prevent. Promote. Protect.

DOMINICK PANGALLO  
MAYOR

DAVID GREENBAUM, RS, CHO  
HEALTH AGENT

### APPLICATION TO SCHEDULE DEEP HOLE OBSERVATION & PERCOLATION TEST

*Application to be completed by Soil Evaluator, Registered Sanitarian or Engineer*

Address of property to be tested: \_\_\_\_\_  
Map #: \_\_\_\_\_ Lot #: \_\_\_\_\_ Upgrade \_\_\_\_\_ New Construction \_\_\_\_\_  
Upgrade with increase in flow \_\_\_\_\_  
Property Owner \_\_\_\_\_ Applicant (if different) \_\_\_\_\_  
Owner Address \_\_\_\_\_ Phone # \_\_\_\_\_  
Applicant Address (if different) \_\_\_\_\_ Phone # \_\_\_\_\_  
Soil Evaluator Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Is the Soil Evaluator a current licensed Massachusetts State Soil Evaluator? Y / N  
If yes, list license # \_\_\_\_\_ (If no, individual cannot perform soil evaluations)  
Company Name \_\_\_\_\_  
Distance to nearest wetland resource area \_\_\_\_\_  
Was a Notice of Intent Filed with Conservation? Yes \_\_\_\_\_ No \_\_\_\_\_  
Has the parcel been tested before? \_\_\_\_\_ If yes, date(s) of testing \_\_\_\_\_  
Will the property be DIG SAFE certified before soil testing is performed? Y / N  
Has a trench permit been filed with the City of Salem for the soil testing? Y / N  
Signature of owner or owner's agent \_\_\_\_\_  
Print name \_\_\_\_\_  
Signature of applicant (if different) \_\_\_\_\_  
Print name \_\_\_\_\_

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**Fee:** \$180 per lot for upgrade or repair, \$225 per lot for new construction

(Please make checks payable to the City of Salem)

Plot plan of property required with return application that shows presumed location(s) for testing.

**INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED**

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**SOIL EVALUATOR MUST CALL FOR A TESTING DATE AFTER THE COMPLETED APPLICATION  
AND FEE MUST HAVE BEEN RECEIVED IN THE BOARD OF HEALTH OFFICE**

#### FOR OFFICIAL USE ONLY

Date Received: \_\_\_\_\_ Fee: \_\_\_\_\_ Received By: \_\_\_\_\_