



**CITY OF FRAMINGHAM**  
Public Health Department



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

(508) 532-5470  
health@framinghamma.gov  
www.framinghamma.gov

**MEMORIAL BUILDING**  
150 Concord Street, Room 205  
Framingham, MA 01702

**Soil and Percolation Testing Application**

Complete the following application. Please print legibly. Incomplete application and missing documents may delay the review and permit process. All percolation testing shall be performed in the presence of a Framingham Public Health Department employee.

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

**Property Location Information**

Address: \_\_\_\_\_ Framingham, MA 0170 \_\_\_\_\_

Property Information from the Assessor's Office: Map #: \_\_\_\_\_ Block #: \_\_\_\_\_ Lot #: \_\_\_\_\_

**Type of Project**

New Construction

Upgrade to Existing System  
No increase in flow or bedrooms

The number of bedrooms with the existing system: \_\_\_\_\_

**Property Owner Information**

Name of Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Soil Evaluator Information**

Name of Evaluator: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

DEP Approved SE Number: \_\_\_\_\_

Name of Company: \_\_\_\_\_

**Site Evaluation Information**

The property is served by:  Private Water Supply  Public/Municipal Water Supply

What is the distance of the proposed soil testing to the nearest wetland resource area: \_\_\_\_\_

**Submit a sketch of the property of the property showing the proposed testing location(s). At a minimum, at least two (2) deep holes and one (1) percolation test will be required for each leaching area**

Proposed Date(s) of Test: \_\_\_\_\_ Time(s): \_\_\_\_\_

Signature: \_\_\_\_\_ Print: \_\_\_\_\_

Title: \_\_\_\_\_

**Submit the following:**

Completed application

Fee: **\$150.00** made payable to the "City of Framingham". **All fees are non-refundable.** Credit cards are not accepted at this time.

Submit a sketch of the property of the property showing the proposed testing location(s). A minimum of two (2) deep holes shall be performed at every proposed disposal area, two in the primary area and two in the reserve area. At least one (1) percolation test shall be performed at every proposed disposal area, one in the primary area in which the soil absorption is to be located and one in the proposed reserve area.

**Note: Percolation tests shall not be performed in holes that have remained open to the atmosphere for more than three (3) consecutive days and in fill or disturbed ground.**

Authorization for soil testing from Conservation Commission (if applicable).

**For Official Use Only**

Name of Inspector: \_\_\_\_\_

Date of Test: \_\_\_\_\_ Time: \_\_\_\_\_