



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 application below. Please print legibly. An incomplete application and/or missing documents may delay the review 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: _____