



Hardwick Board of Health

PO Box 575, Gilbertville MA 01031

Telephone (413) 477-6197 x108

Fax (413) 477-6703

Email: boh@townofhardwick.com

PERCOLATION TEST APPLICATION

Applicant: _____

(Address)

(Telephone Number)

Location of Property: _____

Map #

Lot #

Nearest Pole #

Soil Evaluator: _____ Telephone # _____

Witness: _____ Telephone # _____

Backhoe Operator: _____ Telephone # _____

Previously Tested: Yes ___ No ___ Results: _____

Cancellations must be made 48 hours before the scheduled date and time allocated. Proper excavation equipment should be on site at the time allocated. All testing shall be in compliance with Title 5 requirements. SIEVE ANALYSIS IS REQUIRED FOR ALL FILL MATERIAL. All soil evaluations must be submitted to the Board of Health within 60 days. PLEASE REMEMBER TO NOTIFY DIG SAFE AT 1-888-DIG-SAFE (1-888-344-7233) BEFORE COMMENCEMENT OF THIS PROJECT.

**FEE: \$275.00 New Construction
\$255.00 Repair
\$ Additional Deep Hole Testing**

After 4 hours an additional fee of \$50.00 per hour will be charged

Applicant Signature

Date