



Board of Health
Town of Southwick
454 College Highway, Southwick, MA 01077
Phone (413) 569-1212
Fax (413) 569-5284

**APPLICATION FOR
SOIL SUITABILITY SITE ASSESSMENT
FOR ON-SITE SEWAGE DISPOSAL TESTING**

NEW(\$100.00) REPAIR(\$100.00)

DATE: _____

Please check one of the above

FULL NAME OF PERSON, FIRM OR CORPORATION MAKING APPLICATION:

FIRM ADDRESS: _____ TELEPHONE: _____

SITE: _____

FIRM CONDUCTING ASSESSMENT(S): _____ TELEPHONE#: _____

ADDRESS OF PERCS: (1) _____

(2) _____

(3) _____

(4) _____

APPLICANT: (To the best of my knowledge there (is) is not a wetland resource located within 100' of the proposed test site(s).

ALL SOIL SUITABILITY SITE ASSESSMENTS MUST BE WITNESSED BY THE BOARD OF HEALTH OR AGENT AND THE WITNESSING FEE PREPAID BY CHECK: MADE PAYABLE TO THE TOWN OF SOUTHWICK.

EACH SOIL SUITABILITY ASSESSMENT CONSISTS OF TWO (2) TEN FOOT DEEP OBSERVATION PITS AND TWO (2) PERCOLATION TESTS PERFORMED IN THE MOST LIMITING SOIL LAYER. THERE IS A 4 HOUR MAXIMUM PER ONE SOIL SUITABILITY ASSESSMENT OR ANY PART THEREOF. ADDITIONAL.

ADDITIONAL ASSESSMENT MAY BE REQUIRED BY THE WITNESS.

FOR NEW CONSTRUCTION: THIS APPLICATION DOES NOT GUARANTEE THAT ALL ASSESSMENTS WILL BE CONDUCTED. BUT IF NOT CONDUCTED, THE FEE WILL BE RETURNED TO THE APPLICANT.

THE BOARD OF HEALTH WILL ADHERE STRICTLY TO THE SCHEDULE OF ASSESSMENTS FOR NEW CONSTRUCTION.

"A 5" LONG (4' BELOW GRADE) 4" DIAMETER WHITE P.V.C. PIPE SHELL MARK THE PERCOLATION TEST LOCATION FOR FUTURE IDENTIFICATION."

FOR REPAIR: IF THE APPLICANT CANCELS THE SITE ASSESSMENT HE/SHE MUST DO SO MORE THAN 24 HOURS IN ADVANCE. IF HE/SHE CANCELS LESS THAN 24 HOURS IN ADVANCE, THE WITNESSING FEE IS FORFEITED, AND A NEW APPLICATION MUST BE FILED TO RESCHEDULE THE SITE ASSESSMENT.

SIGNATURE OF APPLICANT: _____

ADDRESS OF APPLICANT: _____

TELEPHONE (IF DIFFERENT FROM ABOVE): _____

CONSERVATION COMMISSION SIGN OFF: _____