

TOWN OF SANDWICH

APPLICATION FOR PERCOLATION TEST & OBSERVATION PITS

LOCATION _____
 NEW CONSTRUCTION: _____ REPAIR: _____
 APPLICANT _____
 ADDRESS _____
 ENGINEER _____
 DATE SCHEDULED _____
 By: _____

NO. _____
 DATE _____
 FEE \$100.00 (non-refundable)
 15 Min. Waiting Time Allowed
 Phone #: _____
 Email: _____

(Applicants Signature)

SOIL LOG

SUBDIVISION NAME _____ DATE _____ TIME _____

EXPANSION AREA: YES _____ NO _____ ENGINEER _____

TOWN WATER _____ PRIVATE WELL _____ BOARD OF HEALTH _____

LOCATE: ADJACENT WELLS & SEPTIC SYSTEM _____ EXCAVATOR _____

SKETCH: (Street name, etc., dimensions of lot, exact location of test holes & percolation test, locate wetlands in proximity to test hole)

PERCOLATION RATE: _____

DEEP OBSERVATION HOLE LOG	DEEP OBSERVATION HOLE LOG
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Depth from Subsurface	Soil Horizon	Soil Texture (USDA)	Soil Color (Munsell)	Soil Mottling	Other	Depth from Surface	Soil Horizon	Soil Texture (USDA)	Soil Color	Soil Mottling	Other

SUITABLE FOR SUB-SURFACE SEWAGE: LEACHING FIELD ___ LEACHING PITS ___ LEACHING TRENCHES ___

UNSUITABLE FOR SUB-SURFACE SEWAGE: _____ REASONS _____

U.S.G.S. WATER LEVEL ADJUSTMENT REQUIRED: YES ___ NO _____

NOTE: ENGINEERING PLANS MUST SHOW NUMBER ASSIGNED ON PERC. TEST APPLICATION ORIGINAL TO BE ORIGINAL: COMPLETED IN ENTIRETY BY P.E. AND RETURNED TO BOARD OF HEALTH

COPY: RETAINED BY APPLICANT