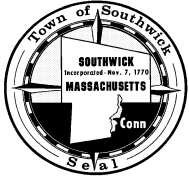


Date Received _____	Amount Paid \$ _____	Check # _____	Permit # _____
FOR BOH OFFICE USE ONLY		TCC: Initial _____	Date _____



TOWN OF SOUTHWICK BOARD OF HEALTH

454 College Highway Southwick, MA 01077

Phone (413) 569-1212

Fax (413) 569-5284

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

SITE ADDRESS: _____

FULL NAME OF PERSON, FIRM, OR CORPORATION MAKING APPLICATION:

FIRM CONDUCTING ASSESSMENT(S): _____

FIRM ADDRESS: _____

EMAIL: _____ **PHONE:** _____

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 its agent. The witnessing fee must be prepaid by check in the amount of \$150.00 per lot 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. 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. Limit of 3 hours per assessment plus \$35.00 for each additional hour after.

The Board of Health will adhere strictly to the schedule of assessments for new construction.

A 5 foot long, 4 inch diameter white P.V.C. pipe shall be situated 4 feet below grade to 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: _____ **DATE** _____

ADDRESS OF APPLICANT: _____

EMAIL _____ **PHONE (if different)** _____

CHECK OR MONEY ORDER

MAKE PAYABLE TO: Town of Southwick