



SOIL TEST APPLICATION

1. Complete **ALL** sections below.
2. Check the appropriate box below for the type of testing to be witnessed.
3. Attach a check for the fee made payable to: Town of Boylston. The fee is non-refundable.
4. Mail the application and fee to the Board of Health, 221 Main Street, Boylston MA 01505.
5. Testing will be scheduled in order of application date.
6. Fee includes 4 Deep Hole Test Pits and 2 Perc Tests* per lot.

FEE – See FEE SCHEDULE ☐ New Construction ☐ Repair ☐ Upgrade ☐ Commercial

*Any perc test between 30-60 MPI will be charged an additional fee

Property Location and Owner's Name (if not applicant)	Applicant's Name
Assessors Map and Parcel ID	Address
Builder's Lot Number AND Address (REQUIRED)	Telephone Number

Engineer/Designer's Name	Telephone Number
Address	PE Number

PLAN REVIEW

1. Provide details of septic design as outlined below.
2. Check the appropriate box for the fee. Obtain applicant's signature and attach a check made payable to Town of Boylston.
3. Submit three (3) copies of plan at least seven (7) days prior to BOH's regular monthly meeting (typically 4th Monday of the month).
4. Mail application, plans and fee to the Board of Health, 221 Main Street, Boylston MA 01505.
NOTE: BOH Rules & Regulations follow Title 5 **with some exceptions**. Copies of Regulations are available from the Town Clerk.
6. Once the plan is submitted to Agent for review, the fee is non-refundable.

FEE – See FEE SCHEDULE ☐ Residential ☐ Commercial

SEPTIC DESIGN DETAILS:	DESIGN FLOW (GAL PER DAY)	
	NUMBER OF BEDROOMS	
	CALCULATED DAILY FLOW (GAL)	
	DESCRIPTION OF SOIL	
	NAME OF SOIL EVALUATOR	
	DATE OF SOIL EVALUATION	
	REQUESTED VARIANCES	
	PLAN DATE	

Applicant's Signature _____ Date _____