

Town of Lynnfield, Massachusetts



BOARD OF HEALTH
55 Summer Street
Lynnfield, MA 01940
Telephone: 781-334-9481
Facsimile: 781-334-9489

**APPLICATION TO SCHEDULE DEEP HOLE OBSERVATION &
PERCOLATION TEST**

Application to be completed by Soil Evaluator, Registered Sanitarian or Engineer

Address of property to be tested: _____
Map #: _____ Lot #: _____ Upgrade _____ New Construction _____
Upgrade with increase in flow _____
Property Owner _____ Applicant (if different) _____
Owner Address _____ Phone # _____
Applicant Address (if different) _____ Phone # _____
Soil Evaluator Name _____ Phone # _____
Is the Soil Evaluator a current licensed Massachusetts State Soil Evaluator? Y / N
If yes, list license # _____ (If no, individual cannot perform soil evaluations)
Company Name _____
Distance to nearest wetland resource area _____
Was a Notice of Intent Filed with Conservation? Yes _____ No _____
Has the parcel been tested before? _____ If yes, date(s) of testing _____
Will the property be DIG SAFE certified before soil testing is performed? Y / N
Has a trench permit been filed with the Town of Lynnfield for the soil testing? Y / N

Signature of owner or owner's agent _____
Print name _____
Signature of applicant (if different) _____
Print name _____

Fee: \$200 per lot for up to 4 hours; \$65/hr thereafter.
(Please make checks payable to the Town of Lynnfield)

Plot plan of property required with return application that shows presumed location(s) for testing.

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

**SOIL EVALUATOR MUST CALL FOR A TESTING DATE AFTER THE
COMPLETED APPLICATION AND FEE HAVE BEEN RECEIVED IN THE
BOARD OF HEALTH OFFICE.**

Application updated 6-23-2010