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**Public Health**  
Prevent. Promote. Protect.

**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 Middleton for the soil testing? Y / N

Signature of owner or owner's agent \_\_\_\_\_

Print name \_\_\_\_\_

Signature of applicant (if different) \_\_\_\_\_

Print name \_\_\_\_\_

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**Fee:** \$150 per lot for upgrade or repair, \$300 per lot for new construction  
(Please make checks payable to the Town of Middleton)

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

**INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED**

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