



# Hardwick Board of Health

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## PERCOLATION TEST APPLICATION

Applicant: \_\_\_\_\_

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Telephone Number)

Location of  
Property: \_\_\_\_\_

\_\_\_\_\_  
Map #

\_\_\_\_\_  
Lot #

\_\_\_\_\_  
Nearest Pole #

Soil  
Evaluator: \_\_\_\_\_ Telephone # \_\_\_\_\_

Witness: \_\_\_\_\_ Telephone # \_\_\_\_\_

Backhoe  
Operator: \_\_\_\_\_ Telephone # \_\_\_\_\_

Previously  
Tested: Yes \_\_\_\_ No \_\_\_\_ Results: \_\_\_\_\_

Cancellations must be made 48 hours before the scheduled date and time allocated. Proper excavation equipment should be on site at the time allocated. All testing shall be in compliance with Title 5 requirements. **SIEVE ANALYSIS IS REQUIRED FOR ALL FILL MATERIAL.** All soil evaluations must be submitted to the Board of Health within 60 days. **PLEASE REMEMBER TO NOTIFY DIG SAFE AT 1-888-DIG-SAFE (1-888-344-7233) BEFORE COMMENCEMENT OF THIS PROJECT.**

FEE: \$275.00 New Construction  
\$255.00 Repair  
\$ Additional Deep Hole Testing

After 4 hours an additional fee of \$50.00 per hour will be charged

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date