



# Town of Blackstone

## BOARD OF HEALTH

15 St. Paul Street

Blackstone, Massachusetts 01504

Tel: (508) 883-1500 Ext. 129 Fax: (508) 883-6335

Kevin J. Ryan  
Chairman

PERMIT # \_\_\_\_\_ (Given by BOH)

### APPLICATION FOR PERCOLATION & DEEPHOLE SOILS EVALUATION

**FEES:** Residential: \$750.00  
Commercial: \$1,000.00

**DATE:** \_\_\_\_\_

Checks made payable to the Town of Blackstone  
APPLICATION FEES ARE NON-REFUNDABLE

**MAP:** \_\_\_\_\_ **PARCEL:** \_\_\_\_\_ (available at assessors office) **DIG SAFE #:** \_\_\_\_\_

**TESTING LOCATION:** \_\_\_\_\_  
(Include Lot Number or Street number – if unknown put closest utility pole number to test site)

**Type of Building Proposed:** Residential ( ) Commercial ( ) Other ( )

Name of Applicant: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

Name & Address of Owner: \_\_\_\_\_

Name of Engineer: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address of Engineer: \_\_\_\_\_

Proposed Water Supply to Lot: ( ) Municipal ( ) Well

Previous Testing of Lot: Date: \_\_\_\_\_ Engineer: \_\_\_\_\_

Test Results: Percolation Rate \_\_\_\_\_ MPI Groundwater Level: \_\_\_\_\_

Signature or Applicant: \_\_\_\_\_

*By my signature, I certify that I have the authority or have gained the authority to access the above mentioned property for the purpose of Title 5 soils testing.*

- Appointments are scheduled by having the Engineer listed above contact the Title V Agent, Steve Donatelli, via email at [sdsoiltesting@gmail.com](mailto:sdsoiltesting@gmail.com) or by calling or texting 774.545.0909 (text preferred).

- Your email **MUST** include the following:
  1. Permit Number
  2. Location of Testing (Street number and/or utility pole number)
  3. Number of lots to be tested
  4. Return contact information including name, engineering firm and phone number.
- This application will be valid for a period of one (1) year from the date listed above.
- A completed soils test will be valid for a period of two (2) years.
- **Percolation/soils evaluation results are due in this office no later than 60 days from date of testing. All results must be submitted on DEP approved soils data forms.**

Your Workers' Compensation Policy Declaration Page may be faxed to 508.883.6335 or emailed to [inspectionalservices@townofblackstone.org](mailto:inspectionalservices@townofblackstone.org). Please make sure that the Town of Blackstone is named as the Certificate Holder on your Workers' Compensation Policy Declaration Page. We do not maintain a file for your licenses or Workers' Compensation Policy Declaration Page. Each Application for Permit must have a copy of your license and Workers' Compensation Policy Declaration Page, naming the Town of Blackstone as the Certificate Holder. Failure to attach your license or Workers' Compensation Policy Declaration Page, naming the Town of Blackstone as the Certificate Holder, to your Application will result in denial of your Application and the assessment of a \$35.00, per application, re-submittal fee in addition to the filing fee.

If an application for a permit or an amendment is denied, a \$35.00 re-submission fee, in addition to the filing fee, will be assessed each time an Application is denied.

The following signatures, if applicable, see notes below, must be obtained prior to the filing of your Application) with the Inspectional Services/BOH Office. Failure to obtain the applicable signatures below or missing documentation will result in the denial of your Application by the Inspectional Services/BOH Office and the assessment of a \$35.00, per application, re-submittal fee in addition to the filing fee.

Pursuant to MGL c.40, section 57 and the Code of the Town of Blackstone, Chapter 92, Licensing Procedures, Section 92-1, the Town may deny any application for or revoke or suspend any local license or permit, including renewals and transfers, issued by any board, officer or department for any person, corporation or business enterprise who has neglected or refused to pay any local taxes, fees, assessments, betterment or any other municipal charges.

Board of Health Office: Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(If adding bedroom(s) to existing septic system. If property is tied into municipal water & sewer system, no signature is required in this section.)

Collector/Treasurer's Office: REAL & PERSONAL PROPERTY TAXES, WATER & SEWER, BETTERMENTS, EXCISE & CERTAIN OTHER CHARGES ADDED TO & COMMITTED AS TAXES.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ (All Applications)

Assessor's Office: Map: \_\_\_\_\_ Parcel: \_\_\_\_\_  
 Signature \_\_\_\_\_ Date: \_\_\_\_\_  
 (All applications)