TOWN OF NORTH ANDOVER
Community & Economic Development
HEALTH DEPARTMENT
120 Mainn Street
NORTH ANDOVER, MASSACHUSETTS 01845

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APPLICATION FOR SOIL TESTS

DATE: _____ MAP & PARCEL: _____

LOCATION OF SOIL TESTS: _____

OWNER: _____ Contact #: _____

APPLICANT: _____ Contact #: _____

ADDRESS: _____

ENGINEER: _____ Contact #: _____

CERTIFIED SOIL EVALUATOR: _____

Intended Use of Land: Residential Subdivision Single Family Home Commercial

Is This: Repair Testing:_____ Undeveloped Lot Testing:_____ Upgrade for Addition:_____

In the Lake Cochichewick Watershed? Yes _____ No _____

THE FOLLOWING MUST BE INCLUDED WITH THIS FORM

- **Proof of land ownership** (Tax bill, or letter from owner permitting test)
- ***8.5" x 11" Plot plan & Location of Testing (please indicate test pit sites on the plan)***
- **Fee** of **$585.00 per lot for new construction**. This covers the minimum two deep holes and two percolation tests required for each disposal area. Fee of **$440.00 per lot for repairs or upgrades**.

GENERAL INFORMATION

- Only Certified Soil Evaluators may perform deep hole inspections.
- Only Mass. Registered Sanitarians and Professional Engineers can design septic plans.
- At least two deep holes and two percolation tests are required for each septic system disposal area.
- Repairs require at least two deep holes and at least one percolation test, at the discretion of the BOH representative.
- Full payment will be required for all additional tests within two weeks of testing.
- Within 45 days of testing, a scaled plan (no smaller than 1"-100') shall be submitted to the Board of Health showing the location of all tests (including aborted tests).
- **Within 60 days of testing soil evaluation forms shall be submitted.**

Please Do Not Write Below This Line

N.A. Conservation Commission Approval Date: _____

Signature of Conservation Agent: _____

Date back to Health Department: (stamp in):