

**Marshfield Board of Health
Marshfield Town Hall
870 Moraine Street
Marshfield, MA 02050
781-834-5558**

APPLICATION FOR PERCOLATION TESTS/SOIL EVALUATION

Instructions: Please complete this form and deliver or mail a check payable to the Town of Marshfield to the Marshfield Board of Health, Town Hall, 870 Moraine St., Marshfield, Ma. 02050. Checks should be made out in the amount of \$75.00 (1 hour minimum) for repairs to existing septic systems. (The balance for repairs witnessed by Board of Health will be billed out at \$75/hour).

After payment is made, and your application is completed, the Board of Health will assign a date by contacting your engineer. It is your responsibility to secure a back hoe, notify your back hoe operator, and assure access and permission for all parties and equipment on the property to be tested.

Application is not complete without attaching a copy of a Trench Permit

Applicant Name _____ Phone _____

Complete Mailing Address _____

Responsible Party & mailing address for future billing _____
(if different than applicant)

Signature of Applicant _____ Date signed _____

New Construction Repair (Check one)

Location to be tested _____ Map/Block/Lot _____

Owner of Location to be tested _____

Amount of days requested _____

Engineer (P.E.) /Reg. Sanitarian Name _____ Phone # _____

Soil Evaluator Name _____ Phone # _____

BOH use only:

Date Assigned _____ Agent _____ Amount Paid _____ Perc # _____

Town of Marshfield
 Permit issued by Town Engineer
 870 Moraine Street
 Marshfield, MA 02050
 Phone (781) 834-5561
 FAX (781) 837-7163

Permit Number _____

Date Issued _____

Expiration Date _____

Fee: \$25.00

TRENCH PERMIT

Pursuant to G.L. c. 82A §1 and 520 CMR 7.00 et seq.(as amended)

THIS PERMIT MUST BE FULLY COMPLETED PRIOR TO CONSIDERATION

Location of Proposed Trench:

Street Address: _____ Anticipated Start Date: _____

Map/Block/Lot # _____ Anticipated Completion Date: _____

Name of Applicant			Phone	Cell
Street Address				
City/Town	MA	ZIP		
Name of Excavator (if different from applicant)			Phone	Cell
Street Address				
City/Town	MA	ZIP		
Name of Owner(s) of Property			Phone	Cell
Street Address				
City/Town	MA	ZIP		

Other Contact _____ Permit Fee Received No () Yes ()

Description, location and purpose of proposed trench:

Please describe the exact location of the proposed trench and its purpose (include a description of what is (or is intended) to be laid in proposed trench (eg; pipes/cable lines etc.) Please use reverse side if additional space is needed.

(over)

Minimum Liability: \$100,000 per person / \$300,000 per case SEND COPY WITH APPLICATION

Insurance Certificate #:

Name and Contact Information of Insurer:

Policy Expiration Date:

Dig Safe #:

Name of Competent Person (as defined by 520 CMR 7.02):

Massachusetts Hoisting License #

License Grade:

Expiration Date:

BY SIGNING THIS FORM, THE APPLICANT, OWNER, AND EXCAVATOR ALL ACKNOWLEDGE AND CERTIFY THAT THEY ARE FAMILIAR WITH, OR, BEFORE COMMENCEMENT OF THE WORK, WILL BECOME FAMILIAR WITH, ALL LAWS AND REGULATIONS APPLICABLE TO WORK PROPOSED, INCLUDING OSHA REGULATIONS, G.L. c. 82A, 520 CMR 7.00 et seq., AND ANY APPLICABLE MUNICIPAL ORDINANCES, BY-LAWS AND REGULATIONS AND THEY COVENANT AND AGREE THAT ALL WORK DONE UNDER THE PERMIT ISSUED FOR SUCH WORK WILL COMPLY THEREWITH IN ALL RESPECTS AND WITH THE CONDITIONS SET FORTH BELOW.

THE UNDERSIGNED OWNER AUTHORIZES THE APPLICANT TO APPLY FOR THE PERMIT AND THE EXCAVATOR TO UNDERTAKE SUCH WORK ON THE PROPERTY OF THE OWNER, AND ALSO, FOR THE DURATION OF CONSTRUCTION, AUTHORIZES PERSONS DULY APPOINTED BY THE MUNICIPALITY TO ENTER UPON THE PROPERTY TO MONITOR AND INSPECT THE WORK FOR CONFORMITY WITH THE CONDITIONS ATTACHED HERETO AND THE LAWS AND REGULATIONS GOVERNING SUCH WORK.

THE UNDERSIGNED APPLICANT, OWNER AND EXCAVATOR AGREE JOINTLY AND SEVERALLY TO REIMBURSE THE MUNICIPALITY FOR ANY AND ALL COSTS AND EXPENSES INCURRED BY THE MUNICIPALITY IN CONNECTION WITH THIS PERMIT AND THE WORK CONDUCTED THEREUNDER, INCLUDING BUT NOT LIMITED TO ENFORCING THE REQUIREMENTS OF STATE LAW AND CONDITIONS OF THIS PERMIT, INSPECTIONS MADE TO ASSURE COMPLIANCE THEREWITH, AND MEASURES TAKEN BY THE MUNICIPALITY TO PROTECT THE PUBLIC WHERE THE APPLICANT OWNER OR EXCAVATOR HAS FAILED TO COMPLY THEREWITH INCLUDING POLICE DETAILS AND OTHER REMEDIAL MEASURES DEEMED NECESSARY BY THE MUNICIPALITY.

THE UNDERSIGNED APPLICANT, OWNER AND EXCAVATOR AGREE JOINTLY AND SEVERALLY TO DEFEND, INDEMNIFY, AND HOLD HARMLESS THE MUNICIPALITY AND ALL OF ITS AGENTS AND EMPLOYEES FROM ANY AND ALL LIABILITY, CAUSES OR ACTION, COSTS, AND EXPENSES RESULTING FROM OR ARISING OUT OF ANY INJURY, DEATH, LOSS, OR DAMAGE TO ANY PERSON OR PROPERTY DURING THE WORK CONDUCTED UNDER THIS PERMIT.

APPLICANT SIGNATURE

_____ **DATE** _____

EXCAVATOR SIGNATURE (IF DIFFERENT)

_____ **DATE** _____

OWNER'S SIGNATURE (IF DIFFERENT)

_____ **DATE:** _____

For Town Use:

Permit Approved by:	Date:
Fee Paid:	check #:
	cash: