



# Town of Marshfield

## BOARD OF HEALTH

870 MORaine STREET  
MARSHFIELD, MASSACHUSETTS 02050

Tel: 781-834-5558 Fax: 781-837-6047

### Outside Consultant Application for Percolation Testing/ Special Accounts

Applicant Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Lot(s) Location to be tested - Map Lot Block \_\_\_\_\_

Number of Lots to be tested \_\_\_\_\_ Number of days requested \_\_\_\_\_

Name of Applicant's Engineer or Sanitarian \_\_\_\_\_

Name of Applicant's Soil Evaluator \_\_\_\_\_

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#### BoH USE ONLY

Amount Paid \$ \_\_\_\_\_ Check # \_\_\_\_\_

Date Scheduled \_\_\_\_\_

Trench Permit must be complete before submitting Pere Application

**SPECIAL ACCOUNTS**  
**PROCEDURE FOR PERCOLATION TESTS/SOIL EVALUATION**

1. Deposit with the Board of Health a cashier's check in the amount of \$785.00 for each lot or subdivision to be tested for one day. Complete the Board of Health application form for percolation tests. Make the cashier's check payable to the Town of Marshfield and deliver to the office of the Board of Health. A receipt will be issued at that time.
2. The Board of Health will contact our consulting engineer for a date to observe the percolation test/soil evaluation, and we will then contact you with this date.
3. Our consultant engineer will bill the Board of Health for observing the percolation test/soil evaluation, which will be paid from the \$785.00 deposit. A \$25.00 administrative filing charge for each lot/sub-division will be assessed against the \$785.00 deposit. The remaining balance will cover eight (8) hours for consulting time. Any additional time required must be paid in advance to the Board of Health.

NOTE: A three hour minimum will be charged for each account (lot or subdivision) for which percolation testing/soil evaluation is witnessed. The current rate for use of the consultant engineer is \$95.00/ hour. Any excess amount paid by the applicant (beyond the minimum charge) will be returned to the applicant.

4. Cancellation Policy – Notification of a cancellation must be received in the office of the Board of Health prior to the end of the business day preceding the assigned date and time. Failure to notify the Board of Health office will result in a forfeiting of one hour of the fee (\$95.00). In the event snow or foul weather, please call the Board of Health the day before or at 8:30 – 9:30 A.M. that day to check and see if there has been a change in your appointment date.

If you have any questions, please contact the Board of Health office at (781) 834-5558.



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

Permit Number \_\_\_\_\_  
 Date Issued \_\_\_\_\_  
 Expiration Date \_\_\_\_\_

### TRENCH PERMIT

Pursuant to G.L. c. 82A §1 and 520 CMR 14.00 et seq.(as amended)

THIS PERMIT MUST BE FULLY COMPLETED PRIOR TO CONSIDERATION

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.				
Insurance Certificate #:				
Name and Contact Information of Insurer:				
Policy Expiration Date:				
Dig Safe #:				

Name of Competent Person (as defined by 520 CMR 14.02):	
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 14.00 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 City/Town use -- Do not write in this section	
PERMIT APPROVED BY	\$ Application Fee
PERMITTING AUTHORITY	Date
CONDITIONS OF APPROVAL	