



Town of Marshfield

Board of Health

870 Moraine Street

Marshfield, Massachusetts 02050

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

Outside Consultant / New Construction PROCEDURE FOR PERCOLATION TESTS / SOIL EVALUATION

1. Deposit with the Board of Health a 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 test. Make the check payable to the Town of Marshfield and deliver to the office of the Board of Health.
2. The Board of Health will contact our Outside Consultant for a date to observe the percolation test/soil evaluation, and we will then contact you with this date.
3. Our Outside Consultant 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 of snow or foul weather, please call the Board of Health the day before or at 8:00-9:00 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, 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: