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.
Outside Consultant
Application for Percolation Testing / Special Accounts

*Trench Permit must be complete before submitting Percolation Application*

Applicant Name: ____________________________________________

Mailing Address: __________________________________________

Phone # ______________  Cell # ______________  Email address ______________

Lot(s) Location to be tested:

Map/Block/Lot __________________________________________

Street Name __________________________________________

Number of Lots to be tested ______________  Number of Days requested ______

Name/Address/Cell # of Applicant’s Engineer ____________________________

________________________

________________________

________________________

Email Address of Engineer

________________________

Name of Applicant’s Soil Evaluator

________________________

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Board of Health Use Only:

Amount Paid ______________  Check # ______________

Date Scheduled ______________  Confirmed with ________________________
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: __________

<table>
<thead>
<tr>
<th>Name of Applicant</th>
<th>Phone</th>
<th>Cell</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City/Town</th>
<th>MA</th>
<th>ZIP</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Excavator (if different from applicant)</th>
<th>Phone</th>
<th>Cell</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City/Town</th>
<th>MA</th>
<th>ZIP</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Owner(s) of Property</th>
<th>Phone</th>
<th>Cell</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City/Town</th>
<th>MA</th>
<th>ZIP</th>
</tr>
</thead>
</table>

Other Contact

<table>
<thead>
<tr>
<th>Permit Fee Received</th>
<th>No ( )</th>
<th>Yes ( )</th>
</tr>
</thead>
</table>

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.
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 #

<table>
<thead>
<tr>
<th>License Grade</th>
<th>Expiration Date</th>
</tr>
</thead>
</table>

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 DUTY 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:

<table>
<thead>
<tr>
<th>Permit Approved by:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fee Paid: check #:</td>
<td></td>
</tr>
<tr>
<td>cash:</td>
<td></td>
</tr>
</tbody>
</table>