



TOWN OF OAKHAM

BOARD OF HEALTH

2 Coldbrook Road
Unit 8
Oakham, MA. 01068
Tel.: (508) 882-5549
Fax: (508) 882-3060

Contact numbers: Bernice Stone 508-882-3900 Leonard Bechan 508-882-3715

Soil Evaluation and Percolation Test Application Form

Applicant Name: _____

Address: _____

Applicant Phone : _____ Fax: _____

Email Address: _____

Property Owner: _____

Property Owner Address: _____

Soil Evaluator Name: _____

Soil Evaluator Address: _____

Site Information

Site Address (Street number required) : _____

Repair or New Constuction _____ # of Lots to be Tested _____

Assessor Map & Parcel (Required if no street number): _____

Nearest Telephone Pole #: _____ Plan of Land Supplied: _____

Previously tested: _____ If Yes, Date (s): _____

For Official Use Only

Date Application Received by BOH: _____

Payment Received (Date & Amount): _____

Date of Test: _____

Report Received: _____

Design Perc Rate: _____ Seasonal High GW EI _____

Parent material _____