



Commonwealth of Massachusetts
 City/Town of New Bedford
Percolation Test
Form 12

Percolation test results must be submitted with the Soil Suitability Assessment for On-site Sewage Disposal. DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with the local Board of Health to determine the form they use.

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



A. Site Information

Owner Name _____

Street Address or Lot # _____

City/Town _____ State _____ Zip Code _____

Contact Person (if different from Owner) _____ Telephone Number _____

B. Test Results

	Date	Time	Date	Time
Observation Hole #	_____	_____	_____	_____
Depth of Perc	_____	_____	_____	_____
Start Pre-Soak	_____	_____	_____	_____
End Pre-Soak	_____	_____	_____	_____
Time at 12"	_____	_____	_____	_____
Time at 9"	_____	_____	_____	_____
Time at 6"	_____	_____	_____	_____
Time (9"-6")	_____	_____	_____	_____
Rate (Min./Inch)	_____	_____	_____	_____
	Test Passed:	<input type="checkbox"/>	Test Passed:	<input type="checkbox"/>
	Test Failed:	<input type="checkbox"/>	Test Failed:	<input type="checkbox"/>

Test Performed By: _____

Board of Health Witness _____

Comments:

