



**TOWN OF NORTH READING**  
*Massachusetts*

---

**Health Department**

**REQUEST FOR SOIL TEST**  
**SECTION TO BE COMPLETED BY APPLICANT**

Fee: New Construction: \$200 per site (Consists of active & reserve leaching area) Repair/Upgrade: \$100 (two test holes & percs per lot)

New Construction: \$300 per site 2,000 g.p.d. & over

If applicant is not owner, please submit written permission of owner to conduct tests.

\_\_\_\_\_  
**Street or Subdivision**

\_\_\_\_\_  
**Map & Parcel**

Type of test observation requested: Percolation \_\_\_\_ Observation Pit \_\_\_\_

How many sites to be tested: \_\_\_\_ Amount enclosed: \_\_\_\_

List all lots that fees are to be applied to: \_\_\_\_\_

---

A sewage disposal site consists of the active leaching area plus the reserve leaching area.

A minimum of one observation pit and on percolations test is required in each area.

\_\_\_\_\_  
**Owner**

\_\_\_\_\_  
**Engineer/ Sanitarian**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Phone**

\_\_\_\_\_  
**Phone**

*To be completed by office*

How is the area affected by WRPD or APD?

\_\_\_\_\_  
**Signature of Town Engineer**

Under other zoning laws is this a buildable lot?

\_\_\_\_\_  
**Signature of Building Inspector**