



**Town of Webster  
Health Department**  
350 Main Street  
Webster, Ma 01570  
Ph: 1-508-949-3825

OFFICE USE ONLY	
Check #	_____
Amount Paid \$	_____
PERC #	_____

\$350 per lot fee

**SOIL SUITABILITY ASSESSMENT FOR ON-SITE SEWAGE DISPOSAL**

Street Address _____	Property Owner's Name _____
Assessor's Map and Parcel Number _____	Property Owner's Address: _____
Installer _____	Telephone _____
Contact# _____ Disposal permit # _____	

New Construction  Repair  Date: \_\_\_\_\_

**DEEP OBSERVATION HOLE LOG**

DEPTH	SOIL HORIZON	SOIL TEXTURE	SOIL COLOR	SOIL MOTTLING	SOIL DESCRIPTION

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Parent Material (Geologic) \_\_\_\_\_ Depth to Bedrock: \_\_\_\_\_  
 Standing Water in Hole \_\_\_\_\_ Weeping from Pit Face: \_\_\_\_\_

**PERCOLATION TEST**

Observation Hole #			
Depth to Perc			
Start Pre-Soak			
End Pre-Soak			
Time at 12"			
Time at 9"			
Time at 6"			
Time at (9"-6")			
Rate Minutes/Inch			

Board of Health Use Only Below This Line

Site Passed      Site Failed      Performed By: \_\_\_\_\_

Witnessed By: \_\_\_\_\_