



FORM A - SOIL TEST FOR SEPTIC SYSTEM

Lincoln Health Division
16 Lincoln Road, Lincoln, MA 01773
(781-259-2613 FAX: (781) 259-1677



ADDRESS OF PROPERTY _____

Assessor's Map _____ Parcel Number _____

Fee per lot: <input type="checkbox"/> Lincoln - \$200 per lot (make check payable to "Town of Lincoln") Please submit application with applicable fee to: Town of Concord Board of Health, 141 Keyes Road, Concord MA 01742 – Concord BOH (978) 318-3275	
Type of System to be Constructed:	<input type="checkbox"/> new construction on a vacant lot <input type="checkbox"/> new construction (increase in bedrooms) <input type="checkbox"/> replacement system for existing building
If this property already has a system, why is it being replaced?	
If system is being replaced because it "failed", who made that determination?	
For "failed" systems, a <u>written system inspection</u> report is needed to: <ul style="list-style-type: none"> • Obtain a variance from the Board of Health, or • Qualify for up to \$1,500 in personal income tax credit. 	

Name of Applicant _____ Phone _____

Mailing Address _____ **Email Required** _____

Name of Owner (if different) _____

Owner's Mailing Address (if different) _____

The applicant is responsible for hiring someone to dig observation holes and conduct percolation tests and soil evaluations in accordance with Title 5. At least one percolation test and one soil evaluation must be performed in each leaching area. Since each septic system is designed with one main and one reserve leaching area, this means that each lot needs two percolation tests and two deep observation holes. The Board of Health may require additional tests hole to be dug on some lots.

Name of Firm or Person Conducting Tests _____ **Phone** _____

Email Required _____

For Board of Health use only

Revised: 3/8/21

Date of filing _____

Requested date _____

Filing fee _____

Estimated ground water offset _____

