



TOWN OF DOVER  
**BOARD OF HEALTH**  
5 Springdale Avenue  
P.O. Box 250  
Dover, MA 02030

Office: 508-785-0032, Ext. 232  
Fax: 508-785-8114  
Email: boh@doverma.gov

**PERMIT APPLICATION for SOILS EVALUATION**

**PERMIT IS VALID FOR 3 MONTHS FROM DATE OF ISSUANCE**

**ALL FEES ARE NON-REFUNDABLE**

A state licensed Soil Evaluator must perform Soils Evaluation. All evaluations must be witnessed by the Board of Health or its Agent and done in accordance with Title 5 (310 CMR 15.100, Subpart B, Siting of Systems) and Dover Board of Health Regulations (Sect. 217-3 (3)(4)(5)(6) and others as applicable. Review Regulations prior to work and discuss with the Board of Health to clarify any issues. All Soils Evaluations data must be submitted within 60 DAYS as required in Title 5, section 15.018.

**Soils Evaluation Fee: \$550.00 per/lot – up to 8 test pits and 2 perc tests. Additional test pits or perc tests: \$50.00 each.** **DIG SAFE NUMBER: \_\_\_\_\_**

**PROPERTY AND OWNER INFORMATION:**

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

MAIL ADDRESS: \_\_\_\_\_

E MAIL \_\_\_\_\_

EXISTING HOUSE ADDRESS TO BE TESTED: \_\_\_\_\_

EXISTING HOUSE with FAILED SYSTEM \_\_\_\_\_, or CESSPOOL \_\_\_\_\_, or VOLUNTARY UPGRADE \_\_\_\_\_

NUMBER OF LOT TO BE TESTED: \_\_\_\_\_ VACANT LOT \_\_\_\_\_ (MAP# \_\_\_\_\_ LOT# \_\_\_\_\_)

**SOILS EVALUATION INFORMATION:**

SOIL EVALUATOR \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

MAIL ADDRESS: \_\_\_\_\_

E MAIL \_\_\_\_\_

The Board of Health will schedule the work with the Soils Evaluator. General Conditions: have plot plan on-site; have lot lines marked; access for equipment must be cleared in advance as not to delay work; wetland buffer marked and have filed for a "Determination of Applicability" with the Conservation Commission before testing if work is in the buffer zone or other critical area for repairs or upgrade, NOT new construction on a previously undeveloped lot. On a previously undeveloped lot, if the testing fails, the report must include an accurate location of test pits by survey, ties to known points, or GPS.

The Owner agrees to comply with Title 5 and Chapter 217-3 and have Septic Repairs/Up-Grade design work started and submitted to the Board of Health within 60 days of the test date and construction work to be started within 30 days of the Septic Repairs/Up-Grade Plans Approval, or within a time frame acceptable to the Board of Health. For new construction on a vacant lot OR when an existing house is to be demolished and a NEW house built, submittals and construction may vary but see 217-3 (7).

\_\_\_\_\_  
Date \_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date \_\_\_\_\_  
Board of Health - Director Acceptance

CONSERVATION COMMISSION PERMISSION: \_\_\_\_ Yes \_\_\_\_ NO