



Commonwealth of Massachusetts  
 City/Town of  
**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: