



Falmouth Health Department

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APPLICATION FOR A SOIL EVALUATION

Fee: \$100.00 (checks or money order)

PROPERTY LOCATION: _____

MAP/SECTION/PARCEL/LOT: _____

PROPERTY OWNER: _____

SOIL EVALUATOR: _____ SE#: _____

S.E. CONTACT INFORMATION: _____

DATE/TIME REQUESTED _____

RESIDENTIAL COMMERCIAL

REPAIR NEW CONSTRUCTION

Completed by Health Dept.
DATE RECEIVED:
PAYMENT TYPE:
PAYMENT AMOUNT:
SCHEDULED BY:
DATE/ TIME SCHEDULED:

SOIL EVALUATION RESULTS

(This portion is completed by the Health Department during the soil evaluation)

PERFORMED BY:

WITNESSED BY:

Depth "	Horizon	texture	color	Observations:
				GW OBSERVED N / Y - DEPTH
				PERC RATE: MPI
Depth "	Horizon	texture	color	