



**TOWN OF WEST SPRINGFIELD
HEALTH DEPARTMENT**

26 Central Street, Suite 18
West Springfield, MA 01089-2754
Phone: (413) 263-3206 FAX: (413) 737-1583
www.townofwestspringfield.org

Fees:

\$100.00 Per Lot, less than
3 hours time

Additional \$25.00 per hour
or part thereof over 3 hours

Application for Witnessing of Percolation Tests

Site Address: _____ Date: _____
Assessor's Map # _____ Lot # _____

Name of Owner(s): _____

Mailing Address: _____

Phone #: _____

Engineering Firm, Address, Telephone: _____

Contractor Firm, Address, Telephone: _____

Please check one: New Construction Repair

Cause of Failure, if known: _____

Dig Safe No. _____

Note: Failure to forward the soil testing results to the approving authority within 60 days of the date of field testing shall be cause for revocation of the Site Evaluator's certification per 310CMR 15.018 (2).

****** APPLICATION WITH INSUFFICIENT INFORMATION WILL BE RETURNED ******

FOR HEALTH DEPARTMENT USE ONLY:

Confirmed Perc Test Dates/Times: _____

Confirmed by: _____ Date: _____