



**TOWN OF WEST SPRINGFIELD  
HEALTH DEPARTMENT**

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

**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: \_\_\_\_\_