



MONTAGUE HEALTH DEPARTMENT

One Avenue A · Turners Falls, MA 01376
Telephone 413 - 863 - 3200 Ext 205 · Fax 413 - 863 - 3225

FEE DUE: \$200.00 (first 2 hours)
ADDITIONAL FEE: \$125.00
(for each additional hour over 2 hours)

APPLICATION FOR PERCOLATION & DEEP OBSERVATION HOLE TESTING

Instructions: Complete application in full with a check to the health department. You may want to make a copy for your records.

Indicate: New house construction or Repair/expansion to an existing septic system

Application Date: _____ Requested Test Date: **NO MONDAYS** _____

Please Print

Applicant Information:

NAME _____

ADDRESS _____

CITY, ST ZIP _____

PHONE _____

APPLICANT or AGENT SIGNATURE: _____

Date: _____

PROPERTY OWNER Information:

NAME _____

MAILING ADDRESS _____

CITY, ST ZIP _____

PHONE _____

ENGINEER or SANITARIAN Information:

NAME _____

COMPANY _____

ADDRESS _____

CITY, ST ZIP _____

PHONE _____

Town of Montague is an Equal Opportunity Provider & Employer

PARCEL INFORMATION required: Assessor's Map # _____ Lot # _____
Address of Parcel: _____
DRIVING DIRECTIONS to the parcel (nearest house #, intersection, etc)

DIG SAFE NUMBER: _____
Dig Safe must be called a minimum of seventy-two (72) hours in advance of excavating. This time frame excludes weekends and holidays. The landowner or the contractor will be held liable for damages if Dig Safe was not notified and a number issued.

310 CMR 15.214: (3)

It shall be the duty of the owner of the system or proposed system to ascertain whether or not the facility to be constructed will be in a nitrogen sensitive area. The Department will prepare and make available at locations generally accessible to the public maps portraying designated nitrogen sensitive areas within the Commonwealth.