Ashley Gough **Director of Public Health**

Town of Montague **Board of Health**

APPLICATION FOR PERCOLATON TEST

(Fee: $200 for the first 2 hours; Additional Fee: $125 for each additional hour)

Instructions: Please type or print in ink. The form below must be completed for each lot or parcel to be perc tested by a registered sanitarian or engineer and witnessed by the Montague Health Department, whether for a repair to an existing facility or for new construction. This completed form or the WPA Form 1 – Request for Determination of Applicability (Massachusetts Wetlands Protection Act MGL Chapter 131 Section 40) must be furnished to the Montague Health Department prior to the conducting of a soil evaluation and/or percolation test.

To be completed by the APPLICANT:

Map and Parcel Number (one lot per application) _____

Property Address and/or Lot Number _____

Name of Owner _____ Phone # _____

Applicant Name (if different) _____

Name of Person Performing Test _____ Phone #_____

Name and Address of Company _____

License Type _____ License Number _____

Check One: New house construction _____ or System Repair _____

Number of Bedrooms _____ Garbage Grinder Present (y/n) _____

_____ _____

Signature of Applicant/Owner Date

FOR HEALTH DEPARTMENT USE ONLY:

Test Results: Pass _____ Fail _____ Date _____

Inspector _____

Comments: _____

_____

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.