



City of Westfield, Massachusetts

Health Department

59 Court St. Room 220

Ph: 413-572-6211

Fax: 413-572-6279

APPLICATION FOR A PERCOLATION TEST

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 Westfield 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 Westfield Health Department prior to the conducting of a soil evaluation and/or percolation test. (Westfield Board of Health Regulations for Percolation Tests and Design and Construction of Subsurface Septic Disposal Systems, Section 3.3)

To be completed by the APPLICANT:

Map and Parcel Number _____

Property Address and/or Lot Number _____

Name of Owner _____ Phone # _____

Applicant Name (if different) _____

Owner Address _____

Applicant Address (if different) _____

Name of Person Performing Test _____ Phone # _____

Name and Address of Company _____

License Type _____ License Number _____

New Construction _____ or System Repair _____ (check one)

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: _____

FEE: \$200.00 CHECKS PAYABLE TO THE CITY OF WESTFIELD