

# Town of Pelham

## Soil Evaluation/Perc Test Information and Request Form

### Step A: Complete Information Below

(effective 4/1/10)

Requested Number of Lots to be Perced	
NEW or REPAIR	
Applicant	
Applicant Telephone Number	
Owner if Different from Applicant	
Map and Lot of parcel to be perced	
Street ( house number if known )	
Special directions – Examples: Across street from House # , at telephone pole # or 1 mile on left After pole #	
TRENCH PERMIT # <b>issued by Rick Adamcek, DPW (413)253-5245</b>	
TRENCH PERMIT DATE ISSUED	
TRENCH PERMIT EXPIRATION DATE	
Name of Engineer	
Engineer Telephone Number	
Name of Backhoe Operator	
Backhoe Operator Telephone Number	

### Step B: Calculate fee due

# of percs \_\_\_\_\_ X \$100.00 = \_\_\_\_\_ Total Due

**MAKE CHECK IN THE AMOUNT ABOVE PAYABLE TO: TOWN OF PELHAM**

### Step C: Submit Form and Payment

Return completed form and fee/payment to:

Betty Barlow  
c/o Quabbin Health District  
126 Main Street, Suite-D  
Ware, MA 01082

Telephone # (413)967-9615 Fax # (413)967-9646

Office Hours: Monday thru Friday 8:30am – 12:30pm and 1:00pm – 4:00pm

### Step D: Notification

Once completed form and payment is received, you will be notified of the date and time of your appointment with an agent of the Board of Health to witness your perc test(s). Please make sure your telephone number is correct.

For Office Use Only

Date and Time:

Check # and Amount:

Agent Assigned:

Date Owner Notified: \_\_\_\_/\_\_\_\_/\_\_\_\_