

45 Railroad Street
Lee, MA 01238-1694

Tel: 413-243-5540
Fax: 413-243-5542
E-mail: info@tritownhealth.org

TRI-TOWN HEALTH DEPARTMENT
Lee - Lenox – Stockbridge

Application for Witnessing of Percolation Tests
Fee: \$100 per hour

Date _____ Site Address: _____
Town of: _____ Parcel # _____ Tax Map # _____
☐ New Construction ☐ Upgrade ☐ Repair

Owner Name (s): _____

Mailing Address: _____

Telephone #: _____

Engineering Firm, Address, Telephone: _____

Contractor Firm, Address, Telephone: _____

Cause of Failure if known: _____

Please make check payable to: Tri-Town Health Department

Note: Fee must accompany application and be returned to: Tri-Town Health Department, 45 Railroad Street, Lee, MA 01238

PLEASE READ THIS STATEMENT: Any certification (and results) shall be forwarded to the approving authority, the designer and the property owner within 60 days of date of field testing. Failure to forward certifications (and results) to the approving authority may be cause of revocation of the Site Evaluator's certification per 310CMR 15.018(2)

FOR OFFICE USE ONLY:

Confirmed Perc Test Dates/Times: _____

Confirmed by: _____ Date: _____

Total Fee: _____ Invoice # if needed _____ Check # _____ Date: _____

****** APPLICATION WITH INSUFFICIENT INFORMATION WILL BE RETURNED ******