

SPRINGFIELD DEPARTMENT OF HEALTH & HUMAN SERVICES
DIVISION OF ENVIRONMENTAL HEALTH
311 STATE STREET
SPRINGFIELD, MA 01105
PHONE: (413) 787-6740 FAX: (413) 787-6458

APPLICATION FOR A PERCOLATION TEST

\$300.00 Check or Money Order Made Payable to: City of Springfield

Fee Includes: Percolation Test, Plan Review, and Inspection

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 & Address of Company: _____

License Type: _____ License Number: _____

Name of Back Hoe Operator: _____ Phone #: _____

Name & Address of Company: _____

CHECK ONE:

New Construction _____ System Repair _____

Signature of Applicant

Date

Fee: \$300

Date of Perc: _____

Time: _____