☐____New Lot / Land ____New Expansion (remodeling) ☐____Existing Upgrade (repair)

STURBRIDGE BOARD OF HEALTH

PERCOLATION TEST APPLICATION

Application must be completed with a check for $120.00 fee payable to the Town of Sturbridge
Application must be filled out with your Engineer/Sanitarian

Name of owner_____ Day Phone #_____
Parcel street address_____ Assessor's Map & Parcel _____

Mailing address, if different_____Town/State_____ Zip Code_____

Name of Applicant if different _____ Day Phone #_____
Mailing address, if different_____Town/State_____ Zip Code_____

Nearest telephone pole#_____

Name of Engineer PE/ RS_____Company_____
Mailing Address: _____ **Fax No**: _____
Office Phone_____Soil Evaluator's Cell Phone_____

*** Has this parcel been "perced" w/in the last 2 years? _____ If yes, when_____**
****Has this parcel been filled?_____ If yes, when_____**

☐ **Area is in a Nitrogen-Sensitive Area as mapped by the most recent MA GIS "Title 5 Setback Area map: Yes or No**
☐ **Area is w/in 200' wetlands: Yes or No If yes, enclose a locus map showing wetlands limits.**

- Owner/applicant will make arrangements for contractor, equipment, land clearing, etc., necessary to perform the test, prior to the test.
- Owner/applicant or engineer will coordinate the scheduling of the percolation test with the Board of Health Agent.
- If the contactor or engineer and or the equipment do not perform excavation in the prescribed time, the Agent may call off a test and the applicant will be liable for the fee.
- A new application fee will be charged for cancellation or rescheduling percolation tests if 48 hours notice is not given, except in cases of severe weather, then a mutually agreeable appointment will be re-scheduled.
- If more than one percolation test has to be done or the Agent must make extra visits to the site due to the fault of the applicant, engineer/sanitarian, and/or contractor, an additional fee will be charged for each separate incident. ***Only two tests will be done on any site during a single test season.**

New Lot PERC TESTS ARE CONDUCTED "BETWEEN" NOVEMBER 1st TO MAY 31st.
Acceptable percolation rate: Single family 20 minutes per inch, Multi-family, Industrial, Commercial: 10 minutes per inch

I have read and understood the above instructions/information. _____
Owner/Applicant Signature Date

OFFICE USE ONLY

Reviewed by Conservation Commission, comments: _____ If OK _____/ _____
Initial /Date
Planning/Tree Warden: (Not a Scenic Rd). comments: _____ If OK _____/ _____
Initial/Date
Planning/Tree Warden: This IS* a Scenic Rd: _____
Comments/Name/Date
***REQUIRES PERMIT FOR TREE, EARTH, STONE WALL REMOVAL:**
****

BoH USE Check #_____ Amount $_____ Rec'd By Init.: _____ Date: _____
SCHEDULE DATE: _____ TIME_____MTG LOCATION: _____
OTHER:
_____

Revised 03/08