



# TOWN OF PELHAM

351 Amherst Road, Pelham, MA 01002  
 Phone: 413-253-7129 Fax: 413-256-1061

## Soil Evaluation/Perc Test Information and Request Form

**Fee: \$300** (Includes up to 4 deep holes and 2 percolation tests)

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 #; etc.	
TRENCH PERMIT #	
<b>Issued by Richard Adamcek, DPW (413)253-5245</b>	
TRENCH PERMIT DATE ISSUED	
TRENCH PERMIT EXPIRATION DATE	
Name of Engineer/Registered Sanitarian/Soil Evaluator	
Engineer/Registered Sanitarian/Soil Evaluator Phone #	
Name of Backhoe Operator	
Backhoe Operator Telephone Number	

**MAKE CHECK IN THE AMOUNT ABOVE PAYABLE TO: Town of Pelham**

Once the completed form and payment are received, you will be notified of the date and time of your appointment with a Board of Health agent to witness your soil testing. Please make sure your telephone number is correct.

<u>For Office Use Only</u>	
Date and Time: _____	
Check # and Amount: _____	
Agent Assigned: _____	Date Owner Notified: ____/____/____