



**City of Northampton Board of Health**  
**212 Main Street**  
**Northampton, MA 01060**  
**413-587-1214**

**2017**

Permit Number: \_\_\_\_\_  
 Fee Collected: \_\_\_\_\_  
 Perc Test Date: \_\_\_\_\_

PERC TEST WITNESS FEE

\$200.00 per 3 hours  
 \$75.00 per hours after 3 hours

**FEE'S ARE NON-REFUNDABLE**

**APPLICATION MUST BE SUBMITTED 10 BUSINESS DAYS PRIOR TO THE SCHEDULING OF A PERC TEST**

**Application for Percolation ("Perc") Test**

Date of Application: \_\_\_\_\_  
 Home Owner Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/Town/State/Zip Code: \_\_\_\_\_

**SOIL EVALUATOR    LICENSE NUMBER:**

**R.S.**     **Engineer**

**ADDRESS**

**PHONE**

**E-MAIL**

**EXCAVATOR**

**(back-hoe operator)**

**ADDRESS**

**PHONE**

**CHECK LIST**

New Construction

Repair/Upgrade

\*\*\*Number of Lots to be Perc Tested –New Construction only- Give Lot Numbers\*\*\*

Dig Safe Sign-Off: Gas/Electrical

Trench Permit/Info Sign Off from DPW (413) 587-1570