



TOWN OF LUDLOW

HEALTH DEPARTMENT

488 Chapin Street
Ludlow, MA 01056
(413) 583-5600 ext. 1271 TEL
(413) 583-5689 FAX



Public Health
Prevent. Promote. Protect.

Perc Test/Soil Evaluation Witness Request Form

Street Address:

Lot No. (if applicable):

Assessor's Map No:

Parcel No:

Special Instructions:

New Construction or Repair:

Applicant & Phone Number:

Property Owner, Address, Phone No:

Engineer/Sanitarian & Phone No:

Backhoe Operator & Phone No:

*****Note: If the site(s) contain any potential resource area and/or associated buffer, the applicant and/or Engineer/Sanitarian shall provide a scaled site sketch with indicated resource(s) and proposed testing area(s).**

Signature of Applicant, Property Owner or Other Person Responsible for Payment or any other payments pursuant to Section H of the Supplemental Regulations:

Signature:

Printed Name:

General Conditions:

- **DIGSAFE IS TO BE NOTIFIED (888-DIG-SAFE)!!!**
 - Health Agent will not witness on-site testing if site is not marked by DIGSAFE.
- Any testing must be located a minimum of 50' from any identified resource area as defined under 310 CMR 10.00 – The Wetland Protection Act. Any design that illustrates the grading will be within 50' buffer must be reviewed by the Ludlow Conservation Commission.
 - If the site has slopes in excess of 15% towards a identified resource area and testing is within 75' of that resource area; the area around the testing must have an approved siltation control measure installed.

FEE \$300.00/Lot

Date of Perc:

Time: