



# 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: