

TOWN OF HAMPDEN
BOARD OF HEALTH
625 Main Street, P.O. Box 177
Hampden, MA 01036

APPLICATION FOR SOIL EVALATION PERCOLATION TEST

INFORMATION TO BE PROVIDED BY THE APPLICANT:

Name of Applicant: _____

Name of Property Owner: _____ Phone: _____

_____ New Construction or _____ Repair

Number of Lots: _____

Property Location (please attach a copy of the map):

Street Address: _____ or Assessors Map and Lot # _____

Name of Soil Evaluator: _____

Wetlands or Surface Water Present: _____ Yes or _____ No

Fee Required: \$300.00 x number of lots= _____
(to be submitted with application and paid prior to percolation test date)

INFORMATION TO BE PROVIDED BY THE TOWN:

Date of scheduled test: _____

Conservation Commission Comments (if any):