

Town of Ware

Soil Evaluation/Perc Test Information and Request Form

Step A: Complete Information Below**(Effective 1/1/09)**

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 # or 1 mile on left	
After pole #	
TRENCH PERMIT # (issued by DPW)	
TRENCH PERMIT DATE ISSUED	
TRENCH PERMIT EXPIRATION DATE	
Name of Engineer	
Engineer Telephone Number	
Name of Backhoe Operator	
Backhoe Operator Telephone Number	

Step B: Calculate fee due

of percs _____ X \$225.00 = _____ Total Due

MAKE CHECK IN THE AMOUNT ABOVE PAYABLE TO: TOWN OF WARE

Step C: Submit Form and Payment

Return completed form and payment to: Betty Barlow c/o Quabbin Health District
126 Main Street, Ware, MA 01082. Telephone # (413)967-9615 Fax # (413)967-9646
Office Hours: Monday thru Friday 8:30am – 12:30pm and 1:00pm – 4:00pm

Step D: Notification

Once completed form and payment is received, you will be notified of the date and time of your appointment with an agent of the Board of Health to witness your perc test(s). Please make sure your telephone number is correct.

For Office Use Only

Date and Time:

Check # and Amount:

Agent Assigned:

Date Owner Notified: ____/____/____