



**Wales  
Board of Health**

3 Hollow Road, PO Box 107  
Wales, MA 01081  
Ph: 413-245-7571 ext. 105  
Fax: 413-245-3261  
Health@TownofWales.net

**Percolation Test / Deep Observation Test Hole Application**

*Please Fill Out Completely*

Engineer must call the Wales Board of Health Agent to set time and date of testing.

**Jill Cafarelli (413) 246-9804**

Name of person requesting percolation test: \_\_\_\_\_ Phone: \_\_\_\_\_

Address of property: **MUST INCLUDE MAP AND PARCEL IF NO ASSIGNED STREET NUMBER**

\_\_\_\_\_

Owner of record: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Date and time of percolation test: \_\_\_\_\_ Number of tests: \_\_\_\_\_

Please check one:     **Repair**                      **New Construction**

Name of engineer: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of backhoe Operator: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_ **Attach copy of signed Trench Permit Application from Building Department.**

Please return complete application along with percolation test fee\* (Payable to Town of Wales) and directions to property to:

**Wales Board of Health  
PO Box 107  
Wales, MA 01081**

\*Percolation fee is \$300 for new construction, \$150 for repairs (see attached schedule for associated fees)

For more information or if you have any questions, please contact the Board of Health Office at **413-245-7571 x 105.**