



Town of Ashland

MASSACHUSETTS

Board of Health
101 Main Street
Ashland, MA 01721
Phone 508-881-0100, Ext. 7922
Fax 508-881-0102

Soil Testing Application

Date:	
Owners Information:	
Name:	
Address:	
City/Town:	
Telephone Number:	
Address of property to be tested:	
Number of lots to be tested:	

Engineering Company:	
Contact person:	
Telephone Number:	

- The leaching area requires three deep holes and two percolation tests.
- A plot plan of the property showing the area of the proposed soil testing is to be submitted with this application, including any environmentally sensitive areas (well, wetlands and drain manholes).
- If soil testing is cancelled within 24 hours of the scheduled date then the soil testing fee paid may be subject to non-reimbursement.

Pursuant to M.G.L. Ch. 62 C, Section 49 A, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all State tax returns and paid all State and Local taxes required under law.

Signature of Owner