Town of Northborough Board of Health 508-393-5009
63 Main Street Northborough, MA 01532 F 508-393-6996

SOIL TESTING APPLICATION

SOIL EVALUATION/GROUNDWATER TESTING

Appointment Date _____

Appointment Time _____

OFFICIAL USE ONLY

PERCOLATION TESTING/SOIL EVALUATION

Appointment Date _____

Appointment Time _____

OFFICIAL USE ONLY

Type of Testing

- ☐ New Lot
- ☐ Retest of New Lot
- ☐ Upgrade Failed System
- ☐ Increase Flow/Use

Septic installation fee schedule available upon request at the Board of Health office. Please do not hesitate to contact the office for the most current fee schedule.

Payment

Date: _____
Amount: _____
Check/Receipt Number: _____

OFFICIAL USE ONLY

Assessor's Parcel #_____ **Map#**_____
Street Location_____Lot#_____
Directions to Property _____

APPLICATION MUST BE ACCOMPANIED BY A PLAN OF THE LOT

New	Existing
☐	☐ Dwelling
☐	☐ Business
☐	☐ Industrial
☐	☐ Other
☐	☐ Restaurant

Number of Bedrooms_____ Water Supply ☐ Public ☐ Well
Number of Employees _____ Square Feet of Floor Space _____
Describe _____Food Service ☐ yes ☐ no
Number of Seats_____

Owner's Name_____Telephone_____
Address_____
Lot Size_____ Has property been surveyed? ☐ yes ☐ no Previously tested? ☐ yes ☐ no
If yes, please give dates, and by whom_____

Name of Engineer_____ Telephone_____
Address_____Telephone_____

Name of Licensed Installer (If known)_____
Address_____Telephone_____

The information given above is, to the best of my knowledge and belief, true and correct. I have read the accompanying lot testing information sheet.

Date_____ Signature of Applicant_____