



Nashoba Associated Boards of Health
Environmental Health Service
 30 Central Avenue, Ayer, Ma. 01432

SOIL EVALUATION/GROUNDWATER TESTING
 (usually March – April)
 Appointment Date _____
 Appointment Time _____

PERCOLATION TESTING/SOIL EVALUATION
 (usually after June 1st)
 Appointment Date _____
 Appointment Time _____

REQUEST FOR LOT TESTING MUST BE SUBMITTED BETWEEN JAN. 1- MARCH 31 ONLY

Type of Testing

New Lot

Retest of New Lot

Retest (>30 min/in add \$100)

Upgrade Failed System

Increase Flow/Use

\$300.00/site to 4,000 gpd
Consult Fee Schedule for
Larger Systems

There is a 15% processing
charge on all refunds

Town _____ **Assessor's Parcel #** _____ **Map#** _____
Street Location _____ **Lot#** _____
Directions to Property _____

THIS APPLICATION MUST BE ACCOMPANIED BY A PLAN OF THE LOT

New	Existing
<input type="checkbox"/>	<input type="checkbox"/> Dwelling
<input type="checkbox"/>	<input type="checkbox"/> Business
<input type="checkbox"/>	<input type="checkbox"/> Industrial
<input type="checkbox"/>	<input type="checkbox"/> Other
<input type="checkbox"/>	<input type="checkbox"/> Restaurant

Number of Bedrooms _____ Water Supply Public Well

Number of Employees _____ Square Feet of Floor Space _____

Describe _____ Food Service yes no

Number of Seats _____

Name of Engineer _____ Telephone _____
 Lot Size _____ Has property been surveyed? yes no Previously tested? yes no
 If yes, please give dates, and by whom _____
 Owner's Name _____ Telephone _____
 Address _____
 Email _____

Applicant's Name(must be owner or prospective owner) _____
 Address _____ Telephone _____
 Daytime Telephone Number _____ Business Residence

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 _____

(978) 772-3335 (800) 427-9762 FAX (978) 772-4947