



**Acton Board Of Health
REQUEST FOR SOIL TESTING**

- Testing for a New Lot
- Testing for modification of existing building
- Retest a New Lot
- Testing for repair of an existing system

LOCATION OF PROPERTY: _____

LOT INFORMATION: **LOT SIZE:** _____ **HAS PROPERTY BEEN SURVEYED?:** _____

ZONING DISTRICT: _____ **LOT. NO.:** _____

MAP NO.: _____ **PARCEL NO.:** _____ **STREET NO.:** _____

- Repair
- New Dwelling **Number of Bedrooms** _____
- New Business **Number of Employees** _____ **Sq. Ft. Floor Space** _____
- New Industrial **Describe** _____
- Other (Please explain) _____
- Restaurant **Number of seats** _____

OWNER'S NAME: _____ **TELEPHONE #:** _____

ADDRESS: _____

NAME OF ENGINEER: _____ **TELEPHONE #:** _____

NAME OF SOIL EVALUATOR: _____ **TELEPHONE #:** _____

WATER SUPPLY: TOWN **WELL ON THE PROPERTY**
WAS THIS LOT TESTED PREVIOUSLY? YES NO

IF ANSWER IS YES, PLEASE GIVE DATES, AND BY WHOM? _____

APPLICANT'S NAME (MUST BE OWNER OR PROSPECTIVE OWNER): _____

ADDRESS: _____

DAYTIME PHONE NUMBER: _____ BUSINESS RESIDENCE

THE INFORMATION GIVEN ABOVE IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE AND CORRECT. I HAVE READ THE ACCOMPANYING INFORMATION SHEET.

DATE **SIGNATURE OF APPLICANT** **SIGNATURE OF OWNER**

**** NOTE:** THIS APPLICATION MUST BE RECEIVED BEFORE APPOINTMENT CAN BE MADE
THIS APPLICATION SHALL ALSO BE ACCOMPANIED BY A PLAN OF THE LOT.

Do not write below this line. For Office Use Only

INSPECTION FOR GROUNDWATER

INSPECTION FOR PERCS & ADDITIONAL TESTING

Appt. Date: _____
Appt. Time: _____

Appt. Date: _____
Appt. Time: _____