



**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 \_\_\_\_\_

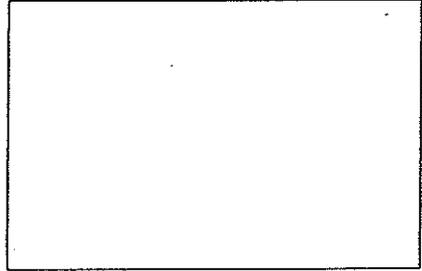
**REQUEST FOR LOT TESTING MUST BE SUBMITTED BETWEEN JAN. 1- MARCH 31 ONLY**

Type of Testing

- New Lot
- Retest of New Lot
- Retest (>30 min/in add \$100)
- Upgrade Failed System
- Increase Flow/Use

**\$385.00/site to 4,000 gpd**  
**Consult Fee Schedule for**  
**Larger Systems**

**There is a 15% processing**  
**charge on all refunds**



Town \_\_\_\_\_ Assessor's Map # \_\_\_\_\_ Parcel # \_\_\_\_\_  
 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**