



# Town of Ashland

## MASSACHUSETTS

Board of Health  
101 Main Street  
Ashland, MA 01721  
Phone 508-881-0100, ext. 681  
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.
- 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, sec 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.

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Signature of Owner