



TOWN OF MILFORD
BOARD OF HEALTH

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Board of Health
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Soil & Percolation Testing Application

APPLICATION TO BE COMPLETED BY THE SOIL EVALUATOR

Location of Property

Street Address: _____

From Assessor's Office: Map # _____ Block # _____ Lot # _____

New Construction: _____ Upgrade: _____ # of bedrooms: _____ (for upgrade only)

Owner of Property

Name: _____ Phone #: _____

Address: _____

Soil Evaluator

Name: _____ Phone #: _____

DEP Approved SE #: _____ Company Name: _____

Signature: _____

Site Evaluation

Is this property served by a private or public water supply? _____

Distance of the proposed soil testing to the nearest wetland resource area: _____

A sketch plan of the property showing the proposed testing location(s) is required with submission of the application. At a minimum (2) deep holes and (1) percolation test will be required for each leaching area.

Fee

\$150 Evaluation Fee Perc Test

Checks made payable to the **Town of Milford**

FEE IS NON-REFUNDABLE

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

FOR OFFICIAL USE ONLY

Board of Health

Site plan attached? Yes _____ No _____ Check # _____ Amount \$ _____

If needed, authorization for soil testing received from Conservation Commission? Yes _____ No _____

If applicable, date contacted consultant: _____

Date of soil testing scheduled: _____ Time: _____