DOUGLAS BOARD OF HEALTH
29 DEPOT STREET, DOUGLAS, MA 01516
508-476-4000 EXT. 352 508-476-0023 FAX
508-476-1619 TTY

APPLICATION FOR EXTENSION – SEPTIC DESIGN/SOILS TESTING

FEE: $75.00 DATE: _____

I _____ hereby make a request to the Douglas Board of Health for a site inspection at:

LOCATION: _____

THE PURPOSE OF THIS REQUEST IS TO EXTEND THE EXPIRATION DATE FOR:

Soil Evaluation Testing: (Please attach a copy of the original testing information).

Original date of testing: _____ Name on Application : _____

Name of engineer that performed testing: _____

Design Plan:

Date of Plan: _____ Date of last revision noted on plan: _____

Date of Board of Health approval: _____

Applicant name on plan: _____

Name of design plan engineer: _____

_____
Signature of Applicant

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For Board of Health Use Only

Date of Inspection: _____

Board of Health Recommendation: **Approved** **Disapproved**

Reason for disapproval: _____

Extended to Date: _____

Authorized signature for Board of Health: _____

6/08

TOWN OF DOUGLAS IS AN EQUAL OPPORTUNITY PROVIDER AND EMPLOYER.