



TOWN OF DOUGLAS
BOARD OF HEALTH
29 DEPOT STREET
DOUGLAS, MA 01516

508-476-4000 Ext. 352
508-476-0023 FAX
508-476-1619 TTY
kharris@douglasma.org

PERMIT NO. _____
DATE _____

FEE \$250.00

APPLICATION FOR PERCOLATION, DEEP HOLE AND SOIL TESTING

NAME OF APPLICANT: _____

APPLICANT ADDRESS: _____ PHONE NO. _____

STREET LOCATION OF TESTING: _____

Douglas Assessor's Map No. _____ Parcel No. _____ Lot No. _____

OWNER OF PROPERTY _____

ENGINEER _____ PHONE _____

ADDRESS OF ENGINEER _____

IS THIS FOR NEW CONSTRUCTION OR EXISTING PROPERTY? _____

TYPE OF BUILDING PROPOSED _____

PROPOSED WATER SUPPLY MUNICIPAL _____ ARTESIAN WELL _____

WAS THIS LOT PREVIOUSLY TESTED? YES _____ NO _____

IF YES, PLEASE ANSWER THE FOLLOWING:
WHEN _____ ENGINEER _____

SIGNATURE OF APPLICANT _____

SIGNATURE OF OWNER _____

VERIFICATION OF INFORMATION BY: (**Applicant** is responsible for obtaining signatures)
DOUGLAS ASSESSOR'S OFFICE _____
DOUGLAS TREASURER/COLLECTOR'S OFFICE _____

THIS APPLICATION WILL NOT BE ACCEPTED UNTIL ALL SIGNATURES ABOVE ARE RECEIVED. APPOINTMENTS FOR TESTING MUST BE MADE BY HAVING YOUR ENGINEER CONTACT THE BOARD OF HEALTH ENGINEER BY EMAIL AT SOILSTESTING@MALLEYENG.COM OR BY PHONE AT 508-414-8493.

The Town of Douglas is an Equal Opportunity Provider and Employer.