

## Needham Health Department

1471 Highland Avenue, Needham, MA 02492 e-mail: BOH@town.needham.ma.us

781-455-7523 (tel) 781-455-0892 (fax) web: www.town.needham.ma.us/BOH

NEW FEE: \$375.00 for less than 2 hours, each additional hour over 2 hours - \$50.00.

Board of Health Edward Cosgrove, PhD., Chairman Denise Garlick, R.N., Vice Chairman Alan Stern, M.D., Member

## **SOIL TEST APPLICATION**

Date:	
Site Location:	Assessor's Map/Parcel #Attach Plot Plan of Lot
	showing existing septic system and existing utilities. (Info. may be obtained from the Town Engineering Dept. at 470 Dedham Ave.)
Property Owner:	
Owner's Address:	
Telephone #:	
Name of Engineer:	
Engineer's Address:	
Telephone #:	
Name of Soil Evaluator:	
Telephone #:	
For: ( ) House addi	tion or expansion # current bedrooms # future bedrooms
( ) Repair	( ) Replacement of failed or failing system
( ) New home	or other building ( ) Subdivision (drainage)
Has site been previously If Yes, what was done a	/ tested? Yes ( ) No ( ) nd when?
	Contact the Town Engineering Dept. with any specific questions at 781-455-7538.)  ns of your proposed test holes on your plot plan to be submitted.
Wellhead Protection Zor	ne I or <b>Zone II</b> of the Town of Needham or Town of Wellesley?
	If yes, which Zone?
` ,	ilable on street? Yes ( ) No ( )
Distance to nearest sew	rer connection: feet on Street(s) (Please imate from the Water and Sewer/Engineering Dept. on cost of sewer connection.)
	able to connect to municipal sewer if you were granted an easement from an abutting  No ( )
	nt's responsibility to provide all necessary personnel and equipment. After review of completed partment Agent will call <b>applicant</b> to set up an appointment.)
I understand that all fees	s must be paid prior to assignment of a testing date.
Name of Applicant:	Telephone #:
Signature of Applicant:	Date:
Check List: ( ) Locus/Assessor's Map ( ) \$375 Application and V	( ) Plot plan showing location of existing septic system