



Town Of Sterling

Board of Health

Butterick Building
1 Park Street • Sterling, Massachusetts 01564

Bus: (978) 422-8111 x2305 • FAX: (978) 422-0289

APPLICATION TO PERFORM SOIL TESTING OBSERVATIONS FOR SUBSURFACE SEWAGE DISPOSAL SYSTEMS IN STERLING, MASSACHUSETTS

FEE PAID: \$ _____

MAP: _____ LOT: _____

FEE MUST BE PAID BEFORE SCHEDULED TESTING DATE.
ALL FEES NON REFUNDABLE

APPLICANT NAME: _____

APPLICANT ADDRESS/MAILING _____

TELEPHONE # _____ (B) _____ (C)

E-MAIL _____

LOCATION OF LAND TO BE TESTED: _____

RECORDED OWNER: _____

MAILING ADDRESS: _____

TELEPHONE # _____ (B) _____ (C)

E-MAIL _____

OF LOTS: _____ SIZE OF LOTS: _____ BRIEF

DESCRIPTION OF LAND: _____

SIZE OF PROPOSED SYSTEM: Under 2000 gal/day _____

Over 2000 gal/day _____

PROPOSED WATER SUPPLY: Town _____ Private Well _____

FEES: Repairs...Percs/Deep Holes \$300/lot _____

New Construction...Percs/Deep Holes \$340/lot _____

Total Fees Due _____

SCHEDULED TESTING TIME AND DATE: _____

ENGINEERS' NAME & CONTACT #: _____

_____ (B) _____ (C)

_____ E-MAIL

APPLICANT SIGNATURE: _____ DATE: _____