

TOWN OF WINCHENDON



Board of Health

Telephone (978) 297-3537
Facsimile (978) 297-1616

109 Front Street
Winchendon, Massachusetts 01475-1758

APPLICATION FOR TESTING LAND IN WINCHENDON FOR PROPOSED SUBSURFACE
SEWAGE DISPOSAL

Engineer's Name _____

Schedule for _____

Time _____

1. Name: _____

2. Address: _____

3. Phone # _____

4. Location of Land to be tested: _____

Lot # _____ Street # if assigned _____

5. Proposed construction will be:
A. Residence B. Commercial
C. Industrial D. Other _____

6. Proposed water supply will be:
A. Town Water B. Private Well

7. Applicant shall be notified of date and time test has been scheduled. It is the responsibility of the applicant to notify an engineer and contractor for digging holes.

8. Plot plan with dimensions of lot must be attached with this application.

9. Please provide brief directions to the above location or nearest utility pole number.

10. Please attach a check or money order for \$150.00 for new construction or \$50.00 for a repair payable to The Town of Winchendon.

11. Signature: _____ Date: _____