



Town of Athol
BOARD OF HEALTH
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boh@townofathol.org



Public Health
Prevent. Promote. Protect.

Received date: _____
Check #: _____
Date of Test: _____

Application for Soil Testing in Athol

Name: _____

Address: _____

Phone # _____ Cell # _____

Location of land being tested (lot # and street or street address)

Name of Land Owner _____ Phone # _____

Soil Evaluator _____ Phone # _____

Name of Tractor Operator _____ Phone # _____

Proposed Construction will be: (please check one):

- a) NEW Residential REPAIR Residential
b) New Commercial REPAIR Commercial OTHER
c) Testing for groundwater during a Title 5 inspection

Please note the number of bedrooms _____ or estimated gallons per day flow _____

Proposed water supply will be: Town _____ or Private _____

Has the lot been previously tested Yes No

All Fees must be paid before the actual perc day.