



**Town of Athol
Board of Health**
584 Main Street Athol, Massachusetts 01331
978-721-8450



Application for Soil Testing
\$200 Fee must be paid prior to scheduled perc date
Check payable to "Town of Athol"

Name of Land Owner: _____

Address: _____

Phone #: _____

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

Soil Evaluator: _____ Phone #: _____

Name of Tractor Operator: _____ Phone #: _____

PROPOSED ONSITE SEPTIC FOR:

_____ NEW Residential

_____ REPAIR Residential

_____ NEW Commercial

_____ REPAIR Commercial

Number of Bedrooms: _____ Estimated Gallons Per Day Flow _____

Water Supply: Town _____ Private Onsite Well _____

Date of Test: _____

Check #: _____