



TOWN OF NORTHBRIDGE  
**BOARD OF HEALTH**

Aldrich School Town Hall Annex - 14 Hill Street  
Whitinsville, MA 01588  
Phone (508) 234-3272 Fax (508) 234-0821

**REQUEST TO EXTEND SOILS EVALUATION PERIOD OF VALIDITY**

**FEE: \$100.00**

(Check made payable to the Town of Northbridge)

DATE: \_\_\_\_\_

I HEREBY MAKE A REQUEST TO THE NORTHBRIDGE BOARD OF HEALTH FOR A  
SITE INSPECTION AT:

**PROPERTY LOCATION:** \_\_\_\_\_ **LOT#:** \_\_\_\_\_

THE PURPOSE OF THIS REQUEST IS TO EXTEND THE EXPIRATION DATE OF:

**Soils Evaluation Testing**

**(Application must be made prior to expiration of the first two-year period):**

Date of Testing: \_\_\_\_\_

Permit # Issued: \_\_\_\_\_

Applicant Name at Time of Testing: \_\_\_\_\_

Name of Engineer that performed Testing: \_\_\_\_\_

*I have attached the Soils Evaluation Forms for your review and consideration.*

\_\_\_\_\_  
Signature of Applicant

*For Board of Health Use Only*

Date of Inspection of above referenced property: \_\_\_\_\_

Board of Health Recommendation:            *Approved*            *Disapproved*

Reason for disapproval: \_\_\_\_\_

Soils Testing extended to date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Board of Health Agent