



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: \$ 150.00

DATE: _____

(Check made payable to the Town of Northbridge)

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