



Town of Mendon

Board of Health

18 Main Street | Mendon, MA 01756

PH: (508) 634-2656 | Email: BOH@MendonMA.Gov

REQUEST TO EXTEND SOILS TESTING PERIOD VALIDITY

FEE: \$150

Payable To: Town of Mendon

PERMIT #: _____

Soils/percolation testing results are valid for 3 years from original date of testing. Approval of this form will extend those results for an additional 3 years from the latest onsite inspection by the Board of Health Agent.

*The applicant may extend soils/percolation tests as many times as desired as long as there are **NO CHANGES** in the State or Local regulations which would require changes in the soils testing procedure and/or alterations to the testing site itself.*

Name of Applicant (Please Print) _____

Applicant Phone Number _____

Applicant's Mailing Address _____

City _____

State _____

Zip Code _____

Name of Owner (If Different from Above) _____

Owner's Phone Number _____

Owner's Mailing Address _____

City _____

State _____

Zip Code _____

ADDRESS OF PROPERTY PREVIOUSLY TESTED: _____
(Please check with Town Assessor's Office before submitting)

PERMIT # OF ORIGNAL TESTING: _____

DATE OF ORIGINAL TESTING: _____

NAME OF SOILS EVALUATOR: _____

HAVE PRIOR EXTENSIONS BEEN REQUESTED? ☐ NO ☐ YES (If Yes, Attach All Previous Extension Requests)

Applicant's Signature: _____

Date: _____

MENDON BOARD OF HEALTH USE ONLY

Date of Onsite Inspection for Above Referenced Property: _____

Board of Health Agent Who Conducted Inspection: _____

Health Agent's Recommendation of Soils Testing Extension: ☐ APPROVED - EXTENSION VALID UNTIL: _____
+3 Years from Onsite Inspection

☐ DENIED (If denied, please give reason(s) below)

Signature of Board of Health Agent: _____

Date: _____