

**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 ORIGINAL 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: _____