



Board of Health

Town of New Salem

19 South Main Street . New Salem MA. 01355

Tel (978)544-9673 . Fax (978)544-9673

Date received: _____

Amount: _____, Check# _____

Date of Test: _____

Application for Soil Testing in New Salem

Applicant _____

Address _____

Phone # _____ Cell # _____

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

Assessors Map # _____ Parcel # _____

Name of Land Owner _____ Phone # _____

Soil Evaluator _____ Phone # _____

Backhoe Operator _____ Phone # _____

Proposed Construction will be: (please check one):

a) NEW Residential

REPAIR Residential

b) NEW Commercial

REPAIR Commercial

OTHER

Please note the number of bedrooms _____ or estimated gallons per day flow _____

Existing or proposed water supply will be: Town _____ or Private _____

FEE: New construction and Repair/Upgrades - \$150 (Includes up to 2 perc tests and 4 deep observation holes)

(Fee must be paid prior to testing – Please contact Health Department for scheduling test date)

**** All checks must be made payable to the Town of New Salem****