

**BOARD OF HEALTH
18 Main Street
Hopkinton, MA 01748
(508) 497-9725
Fax: 497-9702**

Fee	
Test Date	
Time	

Request for Witnessing
Site Evaluation for Subsurface Sewage Disposal

***** Attach a plan of the land showing boundaries. *****

Testing is for: New Construction Upgrade of Existing System

APPLICANT

Full Name		Telephone
Street number and name	City	State and Zip Code

PROPERTY OWNER

Full Name		Telephone ()
Street number and name	City	State and Zip Code

TESTING LOCATION

Street Address (Name & Number)	Builder's Lot #	Assessor's Map #
(landmark to find site)		Block Lot
If residential give number of bedrooms		
If non-residential describe use and Title 5 design flow.		
Dates of Previous Testing		

REGISTERED PROFESSIONAL ENGINEER OR SANITARIAN

Name		Telephone ()
Company		
Street number and name	City	State and Zip Code

I understand that it is my responsibility to secure the right to enter on to the property and preform testing as required, to secure sufficient equipment including backhoes and/or excavators and water to do all required testing without undo delay., and to secure any prior approval required by any other state or local agency (i.e. Conservation Commission, Dig Safe).

Signature of Applicant _____ Date
