Town of Rowley Board of Health 39 Central Street P. O. Box 783 Massachusetts 01969



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SOIL AND PERCOLATION TESTING APPLICATION UPGRADE TO EXISTING DWELLING

STREET LOCATION:	MAP: BLUCK: LU1:
NAME OF LEGAL OWNER:	
Mailing Address of Legal Owner:	
Signature of Legal Owner:	
Applicant Name:	Date:
E-Mail Address:	Tel:
EXISTING NUMBER OF BEDROOMS	S OR COMMERCIAL DESIGN FLOW:
 Provide a map showing location of Contact the BOH office before sub 	the proposed testing area, property lines, and permanent structures. mittal.
Are there jurisdictional wetlands pr	resent within 100 feet of the testing area? Yes No
•	project can provide a signed and dated certifying statement on the are no wetlands within 100 feet of the proposed testing area".
1.	and site map to the Conservation Commission Administrator. Is an by the Conservation Commission? Y/N Con.Com. Memo
Engineering Firm Name:	
P.E. / R.S. responsible for the project:	
Engineering Firm's Mailing Address:	
Engineering Firm's Telephone No.:	E-mail:
Certified Soil Evaluator on-site:	Cell No.:
P.E. or R.S. Signature:	Date:
Date Application Completed	\$150 Fee Check No.: Scheduled Date: