



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 from 3 years of date of testing. Approval of the Request for Extension will extend the results 3 years from time of original testing or from latest extension request.

*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 Inspection for Above Referenced Property:

Board of Health Agent Who Conducted Inspection:

Health Agent's Recommendation of Soils Testing Extension: ☐ APPROVED EXTENSION VALID UNTIL: _____

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

Signature of Board of Health Agent:

Date: