



TOWN OF MILFORD  
**BOARD OF HEALTH**

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**Board of Health**  
Leonard A. Izzo Sr.  
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**Soil & Percolation Testing Application**

APPLICATION TO BE COMPLETED BY THE SOIL EVALUATOR

**Location of Property**

Street Address: \_\_\_\_\_

From Assessor's Office: Map #                      Block #                      Lot #

New Construction: \_\_\_\_\_ Upgrade: \_\_\_\_\_ # of bedrooms: \_\_\_\_\_ (for upgrade only)

**Owner of Property**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

**Soil Evaluator**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

DEP Approved SE #: \_\_\_\_\_ Company Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**Site Evaluation**

Is this property served by a private or public water supply? \_\_\_\_\_

Distance of the proposed soil testing to the nearest wetland resource area: \_\_\_\_\_

**A sketch plan of the property showing the proposed testing location(s) is required with submission of the application. At a minimum (2) deep holes and (1) percolation test will be required for each leaching area.**

**Fee**

**\$150 Evaluation Fee Perc Test**  
Checks made payable to the **Town of Milford**  
**FEE IS NON-REFUNDABLE**

**INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED**

**FOR OFFICAL USE ONLY**

**Board of Health**

Site plan attached? Yes \_\_\_\_\_ No \_\_\_\_\_ Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_

If needed, authorization for soil testing received from Conservation Commission? Yes \_\_\_\_\_ No \_\_\_\_\_

If applicable, date contacted consultant: \_\_\_\_\_

Date of soil testing scheduled: \_\_\_\_\_ Time: \_\_\_\_\_