



# TOWN OF CHARLTON

37 MAIN STREET  
CHARLTON, MA. 01507  
508-248-2210

## BOARD OF HEALTH

### **REQUEST TO EXTEND SOILS TESTING VALIDITY for EXPIRED SAS PLANS**

*(this form to be used when a septic design plan has been submitted & has expired)*

**FEE: \$75.00**

(Check made payable to the Town of Charlton)

DATE: \_\_\_\_\_

**NON REFUNDABLE**

I hereby make a request to the Charlton Board of Health to Extend the Soils Testing Validity at the following location:

Property Location: \_\_\_\_\_

Permit #: \_\_\_\_\_

Date of Original testing: \_\_\_\_\_

Soils Evaluator: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

.....  
Date of Plan: \_\_\_\_\_ Date of Last Revision noted on Plan: \_\_\_\_\_

Date of Board of Health Approval: \_\_\_\_\_

Name of Design Plan Engineer: \_\_\_\_\_

.....  
**For Board of Health Use Only**

Board of Health Recommendation:      *Approved*      *Disapproved*

Reason for disapproval: \_\_\_\_\_

\_\_\_\_\_  
Signature of Board of Health Agent