



Board of Health

Town of Royalston

5 School Street PO Box 102 . Royalston MA. 01368

Tel (978)249-3617

Email: boh@royalston-ma.gov

Date received: _____

Amount: _____, Check# _____

Date of Test: _____

Application for Soil Testing in Royalston

Applicant _____

Address _____

Phone # _____ Cell # _____

Location of land being tested (lot # and street or street address)

Assessors Map # _____ Parcel # _____

Name of Land Owner _____ Phone # _____

Soil Evaluator _____ Phone # _____

Backhoe Operator _____ Phone # _____

Proposed Construction will be: (please check one):

a) NEW Residential

REPAIR Residential

b) NEW Commercial

REPAIR Commercial

OTHER

Please note the number of bedrooms _____ or estimated gallons per day flow _____

Existing or proposed water supply will be: Town _____ or Private _____

FEE: \$150 (1st 4hrs plus \$50 each additional hr). Fee must be paid prior to testing – Please contact Health Department for scheduling test date

All checks must be made payable to the Town of Royalston