



Town of Carlisle  
Office of  
BOARD OF HEALTH  
66 Westford Street  
Carlisle, MA 01741

Tel.: (978) 369-0283  
Fax: (978) 369-4521  
boardofhealth@carlislema.gov

### Request for Soil Testing Services

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

Applicant: \_\_\_\_\_

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

Property Owner  
and Address: \_\_\_\_\_

Engineer/Soil Evaluator: \_\_\_\_\_

Company Address and Telephone: \_\_\_\_\_

**SERVICES REQUESTED<sup>1</sup>**

Indicate:      New Construction [  ]    Voluntary Upgrade [  ]    Failed System [  ]  
                    Percolation test [  ]    Deep Hole [  ]    Observation Pipe Reading [  ]

Testing Date	No. of Lots:	Fee	Paid	Notes

The undersigned hereby agrees to comply with all provisions of the Town of Carlisle Board of Health regulations<sup>1</sup>, State Environmental Code and the Wetlands Protection Act and Carlisle Local Wetlands Protection Bylaw.<sup>2</sup>

Signature of Applicant/Engineer: \_\_\_\_\_ Date: \_\_\_\_\_

**FEES**

- \$650            Prepayment for witnessing soil tests (up to 3.0 hours per one building lot)
- \$514            Prepayment for additional testing days (up to 2.0 hour on same lot)
- \$150            Observation pipe readings per one building lot (up to two pipes)
- Actual cost    Additional time over prepaid allotment
- \$43             Reschedule of Soil testing day prior to testing.
- \$250            Late cancellation (after 3 PM day before) and no-shows
- \$TBD            Late cancellation by Board of Health (after 3 PM day before) – refund of original fee and up to 3.0 hours of witnessed testing (same lot)

<sup>1</sup> Town of Carlisle Board of Health regulations at [www.carlislema.gov](http://www.carlislema.gov)

<sup>2</sup> If equipment access to the testing site requires a wetland crossing, contact the Carlisle Conservation Administrator (978-369-0336)