



*Town of Blackstone*  
**BOARD OF HEALTH**  
 15 St. Paul Street  
 Blackstone, Massachusetts 01504  
 Tel: (508) 876-5130 • or (508)876.5129  
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**Kevin J. Ryan**  
 Chairman

**REQUEST TO EXTEND SOILS TESTING PERIOD OF VALIDITY**

*Soils/percolation testing results are valid from 2 years of date of testing. Approval of the Request for Extension will extend the results 2 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. Extensions applied for after an expiration date may be extended by paying all applicable back fees.*

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

Property Location: \_\_\_\_\_ Permit #: \_\_\_\_\_

Date of Original testing: \_\_\_\_\_ Soils Evaluator: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

Prior extensions:  YES  NO If yes date: \_\_\_\_\_  
 (attach all previous extension requests)

**FEE SCHEDULE:** (Check made payable to the Town of Blackstone)

Fee calculation: Number of years since original testing OR previous extension \_\_\_\_\_  
 (if odd round up to next even year)

Number of years divided by 2 = \_\_\_\_\_ times \$75.00 = \_\_\_\_\_ (fee required)

**For Board of Health Use Only**

Date of Inspection of above referenced property: \_\_\_\_\_

Board of Health Recommendation: *Approved* *Disapproved*

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

Soils Testing extended to date: \_\_\_\_\_

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