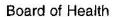
TOWN OF WINCHENDON





Telephone (978) 297-3537 Facsimile (978) 297-1616

109 Front Street Winchendon, Massachusetts 01475-1758

APPLICATION FOR TESTING LAND IN WINCHENDON FOR PROPOSED SUBSURFACE SEWAGE DISPOSAL

Engine	eer's Name _		
Schedu	ıle for _		
Time	_		
1.	Name:		
2.	Address: _		
3.	Phone #		
4.	Location of Land	d to be tested:	
	Lot #	Street # if assigned	
5.	Proposed constru A. Residence C. Industrial	B. Commercial D. Other	
6.	Proposed water A. Town Water	supply will be: B. Private Well	
7.		be notified of date and time test has been scheduled. It is the responsit notify an engineer and contractor for digging holes.	ibility of
8.	Please provide b	rief directions to the above location or nearest utility pole number.	
9.		heck or money order for \$250.00 for new construction or \$100.00 for own of Winchendon.	or a repair
10.	Signature: _	Date:	