Billerica Health Department

Town Hall
365 Boston Road
Billerica, MA 01821
Telephone (978) 671-0931
Web Site www.town.billerica.ma.us

APPLICATION FOR DEEPHOLE TESTING FOR NEW CONSTRUCTION
INCOMPLETE APPLICATIONS WILL DELAY PROCESSING

Fee _____

The following requirements are **MANDATORY** prior to scheduling deephole testing:

Name of Applicant _____
Address _____ Telephone # _____
Name of Owner (if different) _____
Address _____

Property to be tested:
Street Name _____
Assessor's Map Number _____ Parcel Number_____
Green Engineering Flood Plain Map # _____ FEMA Flood Plain Zone _____

Design Engineer/Firm Name
Name _____
Address _____ Telephone # _____
Contact Person _____

ADDITIONAL REQUIREMENTS

1. **PROOF OF OWNERSHIP**
   A tax bill must be submitted as proof of ownership. If applicant is not the owner, he/she must have written permission from the owner to test the property and this written permission is to be notarized.

2. If property is owned by the Town of Billerica, the following is required:
   a) written permission from the Board of Selectmen or their authorized agent to conduct testing on the property.

3. Property listed as UNKNOWN OWNER will not be tested by the Board of Health, unless ownership is properly verified.

4. Land within a Flood Plain District shall not be tested unless a variance is granted by the Board of Health pursuant to Billerica Health Regulations Chapter 5, Section 5.5.005.

5. Applicable fee must be submitted with this application and may be paid by check. Make all checks payable to the Town of Billerica.

NO EXCEPTIONS WILL BE MADE
ON THE ABOVE REQUIREMENTS

RECEIVED

Applicant's Signature _____

Date _____