



TOWN OF OXFORD

Board of Health

325 Main Street, Oxford, MA 01540
Phone (508) 987-6045 ext. 5
Fax (508) 987-3934
boh@oxfordma.us

APPLICATION FOR SEPTIC PLAN REVIEW OR SOIL TESTING EXTENSION

FEE \$150.00 (each) ONLY ONE (1) EXTENSION WILL BE GRANTED

I hereby make a request to the Board of Health for a (please check one)

Soils testing (percolation & deephole) Original testing permit number _____

Plan review (approved plans) Original permit application number _____

Property location: _____

Assessor Map _____ Parcel number _____

Owner/Applicant: _____

Mailing address: _____ Phone: _____

Soils Testing Extension

Original Applicant: _____ Date of Test: _____

Soil Evaluator: _____

Plan Review Extension

Original Applicant: _____ Date of approved plan: _____

Designer: _____

DO NOT WRITE BELOW THIS LINE

Inspection/review of the above-mentioned property performed on: _____

Recommendations: **APPROVED** **DISAPPROVED**

If disapproved – reason: _____

Testing/Plan extended to (date): _____