



**Ryan Paxton, MPH, RS**

**Director of Public Health**

**Town of Montague**

**Board of Health**

**APPLICATION FOR GEOLOGIC ASSESSMENT FOR HOME BURIAL**

**(Fee: \$175.00)**

**Instructions:** Please complete this application in full.

Submit this application with a check payable to the **Town of Montague**.

You may want to make a copy for your records.

Application Date: \_\_\_\_\_ Requested Test Date: \_\_\_\_\_

**Please Print**

**Applicant Information:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE & ZIP CODE: \_\_\_\_\_

PHONE #: \_\_\_\_\_

APPLICANT or AGENT **SIGNATURE**: \_\_\_\_\_

Date: \_\_\_\_\_

**PROPERTY OWNER Information:**

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY, STATE & ZIP CODE: \_\_\_\_\_

PHONE #: \_\_\_\_\_



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**Massachusetts Soil Evaluator Information:**

NAME: \_\_\_\_\_

COMPANY/LICENSE # \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE & ZIP CODE: \_\_\_\_\_

PHONE #: \_\_\_\_\_

**PARCEL INFORMATION required:** Assessor's Map # \_\_\_\_\_ Lot # \_\_\_\_\_

Address of Parcel: \_\_\_\_\_

**DIG SAFE NUMBER:** \_\_\_\_\_

**Dig Safe must be called a minimum of seventy-two (72) hours in advance of excavating. This time frame excludes weekends and holidays. The landowner or the contractor will be held liable for damages if Dig Safe was not notified and a number issued.**