



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 #: _____

MONTAGUE TOWN HALL • ONE AVENUE A

TURNERS FALLS, MA 01376

PHONE: (413) 863-3200 EXT. 205 • FAX: (413) 863-3225



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Board of Health

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.

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