



Department of Environmental Protection

Division of Watershed Management, Watershed Planning Program • 8 New Bond Street, Worcester, MA 01606 • 508-767-7650

CHARLES D. BAKER
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FORM FOR REQUESTING FISH TESTING

The following information will be reviewed by representatives of the Departments of Environmental Protection, Public Health and Fisheries and Wildlife to reach a decision regarding the need for the state to conduct freshwater fish toxics testing. Please answer these questions to the extent possible.

1. Name of the pond/lake river: _____

2. Location (city/town): _____

3. Why do you think that testing is necessary? _____

4. If known, what type of testing is requested? Please state what chemical(s) or compounds are suspected:

5. Do you know of any private testing that has been done at this location? If so, please submit the results, including the quality assurance and control data: _____

6. Do you and your family fish at this location? (Please check one):

Yes___ No___

7. Please estimate how many fish meals you and your family consume over the course of a year of fish caught at this location? (Please check one):

None (0)_____ One (1) Meal a Month _____ 2-4 Meals a Month_

8. What kind of fish do you eat from this location?:_____

9. Please not below any additional information you think might be useful in reviewing this request (Example: known or suspected pollution source):

Your Name: _____

Address: _____

Telephone: _____

Thank you for taking the time to provide us with the above information. We will consider your request and will respond to you in mid to late February.

Please return this form to:

Robert Maietta
Department of Environmental Protection
Division of Watershed Management
8 New Bond Street
Worcester, MA 01606

