



Department of Environmental Protection

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Maura T. Healey
Governor

Kimberley Driscoll
Lieutenant Governor

Rebecca L. Tepper
Secretary

Bonnie Heiple
Commissioner

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 compound(s) 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 quality control data:

FROM FOR REQUESTING FISH TESTING (CONTINUED)

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):

0 (none) _____ One (1) Meal per Month_____ 2-4 Meals per Month _____

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

9. Please note below any additional information you think might be useful in reviewing this request (Example: known or suspected pollution source):

Your Name: _____

Address: _____

Telephone: _____

Email Address: _____

Thank you for taking the time to provide us with the above information. Though requests may be submitted at any time, decisions on which waterbodies will be tested for the year are usually made in early spring.

Please return this form to:

Daniel Davis
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Watershed Planning Program
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Worcester, MA 01606
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