Rec #_____
Date_____
$ Amount_____
Rec'd By_____

Pomperaug Health District

800 Main Street South, Suite 124
Southbury, CT. 06488
203-264-9616 ph. 203-262-1960 fax

APPLICATION FOR SOIL TESTING

PLEASE PRINT - All Applications Must Be Complete For Proper Processing

Location of Testing_____
Lot & Street Town

Subdivision Name_____

Owner of property_____Phone #_____

Mailing Address_____
Street Town State Zip

Testing by: Engineer Name_____Phone #_____

Mailing Address_____

Excavator Name_____Phone #_____

Mailing Address_____

Requirements Prior to Sanitarian Visiting Site:

1. **Deep holes must be dug.**
2. **Perc holes must be dug and soaked for a minimum of one hour.**
3. **Application & payment to be made at office prior to soil test date.**
4. **All requests for soil testing must be accompanied by a plot plan of property.**

_____ _____
Signature of Applicant or Agent Date

FEES

_____Residential - New	**$175.00** per lot
_____Residential – Repair (minimum 2 deeps)	**$150.00** per lot
_____Additional Test Holes-Residential	**$75.00** /2 test holes
_____Additional Test Holes-commercial	**$100.00** /2 test holes
_____Building Addition (B 100A) (minimum 2 deeps)	**$175.00** per lot
_____Commercial	**$350.00** per lot
_____Subdivision	**$200.00** per lot