

Pomperaug Health District
77 Main Street North
Suite 205 Playhouse Corner
Southbury, CT. 06488
Phone 203-264-9616, Fax 203-262-1960

Rec # _____
Date _____
\$ Amount _____
Rec'd By _____

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 / B100A / Repair (min. 2 deeps)	\$200.00 per lot
_____ Additional Test Holes-Residential	\$80.00 /2 test holes
_____ Additional Test Holes-commercial	\$105.00 /2 test holes
_____ Commercial	\$400.00 per lot
_____ Subdivision	\$225.00 per lot