

Paid: \_\_\_\_\_

Date: \_\_\_\_\_

Check #: \_\_\_\_\_

**APPLICATION FOR SOIL TESTING**

DATE: * _____	TIME: _____
RESCHEDULED DATE: _____	TIME: _____

PROPERTY ADDRESS: \_\_\_\_\_ MAP: \_\_\_\_\_ LOT: \_\_\_\_\_

OWNER: \_\_\_\_\_

OWNER'S ADDRESS: \_\_\_\_\_

\_\_\_\_\_

OWNER'S PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

ENGINEER/EVALUATOR: \_\_\_\_\_

ENGINEER/EVALUATOR PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

SIGNATURE OF OWNER/AGENT: \_\_\_\_\_

DATE: \_\_\_\_\_

**\*ALL SOIL TESING WITHIN 100' OF WETLANDS MUST BE APPROVED BY THE CONSERVATION COMMISION PRIOR TO SCHEDULING WITH THE BOARD OF HEALTH.**

**DUE AT THE TIME OF APPLICATION:**

*REPAIR/UPGRADE OF EXISTING SYSTEM*

*\$150 FEE REQUIRED FOR REPAIR/UPGRADE OF EXISTING SYSTEM (PER DAY, PER LOT)*

*\$100 FEE REQUIRED FOR EACH ADDITIONAL DAY*

*NEW CONSTRUCTION*

*\$250 FEE REQUIRED FOR NEW CONSTRUCTION (PER DAY, PER PROPOSED LOT/ STRUCTURE)*

*\$150 FEE REQUIRED FOR 3 HOURS ON ADDITIONAL DAY*

*\$50 FEE REQUIRED FOR EACH ADDITIONAL HOUR OR PORTION THEREOF, MAX. \$250/DAY*