

Date _____

Paid: _____

Check # _____

APPLICATION FOR SOIL TESTING

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

PROPERTY ADDRESS: _____ MAP: _____ LOT: _____

OWNER: _____

OWNER'S ADDRESS: _____

PHONE: _____

NAME OF ENGINEER/EVALUATOR: _____

PHONE (ENGINEER/EVALUATOR): _____

SIGNATURE OF OWNER/AGENT _____

DATE: _____

*** ALL SOIL TESTING WITHIN 100' OF WETLANDS MUST BE APPROVED BY THE CONSERVATION COMMISSION PRIOR TO SCHEDULING WITH BOARD OF HEALTH**

DUE AT TIME OF APPLICATION:

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

\$200 FEE REQUIRED FOR NEW CONSTRUCTION (PER DAY, PER PROPOSED LOT OR STRUCTURE)