Pomperaug District Department of Health
77 Main Street North • Playhouse Corner • Suite 205 • Southbury, CT 06488
(203)264-9616 • Woodbury (203)266-4785 • Oxford (203)888-2543x3005
Fax (203)262-1960 • www.pddh.org

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)	**$225.00** per lot
_____Commercial	**$500.00** per lot
_____Subdivision	**$300.00** per lot

revised 7/1/2019