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