TOWN OF SOUTHBOROUGH - BOARD OF HEALTH
SOILS TESTING APPLICATION
COMMERCIAL/INDUSTRIAL

FEE _____ **$ 0.25\GALLON PLUS $400.00 MINIMUM**

_____

_____ **ADDITIONAL TESTING***

TEST DATE _____

***FEE TO BE DETERMINED BY BOARD OF HEALTH**

APPLICANT _____

ADDRESS _____ **PHONE #**_____

LAND OWNER OF RECORD _____ **PHONE** _____

ADDRESS – LAND OWNER OF RECORD _____

TEST LOCATION STREET ADDRESS _____

ASSESSOR MAP\LOT #__________

DESIGNER\ENGINEER NAME _____

ADDRESS _____ **PHONE #**_____

Strict adherence to the Soil Evaluation Criteria, Deep Observation Hole Tests, Soil Profile, and Percolation Testing as outlined in Title 5 310 CMR 15.100 through 15.107 must be followed. A minimum of two deep observation holes and two percolations shall be performed at every proposed disposal area. Additional testing may be required by the Board of Health or its Agent. See Soils Testing Policy.

Notes

① **A check or money order payable to the Town of Southborough in the amount stated above must accompany application PRIOR to testing date.**

② **One application per lot and appropriate fee per lot required.**

SIGNATURE _____ **DATE** _____

PRINTED NAME _____ ☐ OWNER ☐ AGENT FOR OWNER

REVISED 02/05 [12/95] (10/94) (9/93) (7/91)