



Town of Southborough
Board of Health
9 Cordaville Road, Lower Level
Southborough, MA 01772-1662

Phone: (508) 481-3013
Fax: (508) 229-2580

SOIL TESTING APPLICATION

TEST DATE: _____

- Checkboxes for various categories: New Construction/Upgrade, Residential (Repair/Replace), Non-Residential, Condominium, Commercial, Shared or Condo System, Complex Systems, Institutional/School. Includes associated fees and a note: *Fee to be determined by the Board of Health

Test Location Street Address _____ Assessors _____
Map/Lot _____
Applicant _____ Owner _____ Agent for Owner _____
Address _____ Phone _____
Test Location - Land Owner of Record _____
Address (Land Owner of Record) _____
Soil Evaluator/Designer/Engineer Name _____ Soil Evaluation No. _____
Soil Evaluator/Designer/Engineer 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 (SAS). DEP forms 11 and 12 must be completed and submitted to the Board of Health Office within 30 days of soil testing. Additional testing may be required by the Board of Health or its Agent. - See Soil Testing Policy

You must submit the application and check or money order payable to the Town of Southborough in the amount stated above PRIOR to scheduling a testing date. One application per lot and appropriate fee per lot required.

- Note: 1.) A CANCELLATION fee charging the applicant 50% of the total soil testing fee if soil testing is not cancelled at least 24 hours in advance of the scheduled testing date and time.
2.) Additional soil testing may require additional fees and charges. Please download the Board's policy regarding re-testing/additional testing or call our office regarding this policy.

Signature _____ Date _____
Printed Name _____ Owner _____ Agent for Owner _____

Revised 10/2014