

Town of Somers
DEPARTMENT OF HEALTH

600 Main St.
Somers, CT 06071
(860) 763-8216

Appointment: Date _____ Time _____
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APPLICATION FOR SOIL TESTING

PROPERTY LOCATION:

Street _____	Applicant's Name _____
Map # _____	Mailing Address _____
Block # _____	_____
Lot # _____	Telephone # _____
	Email: _____

Contractor's Name _____	Owner's Name _____
Telephone # _____	Mailing Address _____

	Telephone # _____
	Email: _____

Please **ATTACH A PLOT PLAN** of the property to the application. The plan should either be a copy from the Town records or other accurate drawing.

Do any easements exist on the property? _____, if so show on the plan.

Type of proposed structure: Residential ___ Commercial ___ Industrial ___ Other ___

Testing Required:

- Proposed Subdivision: \$200.00 per lot x ___ lots, or
\$100.00 per testhole x ___ testholes = \$ _____
(A minimum of two deep testpits and one percolation test are required per lot, additional testholes will cost \$100.00 each.)
- Individual Lot: \$200.00 per lot or
\$100.00 per testhole X ___ testholes = \$ _____
(A minimum of two deep testpits and one percolation test are required per lot, additional testholes will cost \$100.00 each.)
- Repair of a Sewage Disposal System: \$100.00 per repair \$ _____

Someone **MUST** meet the Sanitarian in the field at the time of your appointment.