



Town of Somers Health Department  
600 Main Street Somers, CT 06071 (860) 763-8216

Application for Soil Testing

Location of Testing: \_\_\_\_\_ Number of Lots: \_\_\_\_\_

Reason for Testing: (circle) Repair Single New Lot Subdivision B100a

Applicant Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Property Water Supply:  Well (s)  Public Water

Engineering Firm Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_

COST

Proposed Subdivision/Individual Lot	\$200 per lot
Repair of a Sewage Disposal System	\$100 per lot

\* A minimum of 4 test holes and a perc test, in the primary and reserve areas, are required per lot.

Requirements at time of soil testing: Equipment to establish benchmark & grade at test hole(s), water available for percolation test(s), ties from structure to testing location(s). Call before you dig must be contacted prior to digging.

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_