



Town of Southborough

Board of Health

9 Cordaville Road, Lower Level
Southborough, MA 01772-1662

Phone: (508) 481-3013

SOIL TESTING APPLICATION

TEST DATE: _____

- | | |
|---|---|
| <input type="checkbox"/> New Construction/Upgrade | FEE: \$475 per lot (plus \$125/each additional perc test & deep hole observation) |
| <input type="checkbox"/> Residential (Repair/Replace) | FEE: \$300 per lot (new rate) |
| <input type="checkbox"/> Non-Residential | FEE: \$450 minimum + .25/gallon + any additional testing* |
| <input type="checkbox"/> Condominium | FEE: \$450 per unit |
| <input type="checkbox"/> Commercial | FEE: \$470 minimum + .25/gallon + any additional testing* |
| <input type="checkbox"/> Shared or Condo System | FEE: \$450 per unit |
| <input type="checkbox"/> Complex Systems | FEE: To be determined by the Board of Health |
| <input type="checkbox"/> Institutional/School | FEE: \$400 per day |

*Fee to be determined by the Board of Health

****Please Note: Soil Testing greater than 30 min./in. - \$300/additional lot**

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 _____

***Provide a sketch map or plan showing the lot the expected area where the testing will be conducted.**

Approximated wetland boundaries, tributaries, drainage structures as well as any other hydrologic features that might impact the septic system design location must be shown on this sketch plan/map.

****The Design Engineer should know the setback distances for areas draining to the reservoir versus those draining to the Sudbury River. If the Design Engineer is not sure of the watershed boundary they are encouraged to consult DEP watershed maps or call the Southborough Board of Health office for consultation.**

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: Jan. 2022