



TOWN OF SUDBURY  
Board of Health

275 Old Lancaster Rd  
Sudbury, MA 01775

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TO: Soil Test Applicant

RE: 2019 Soil Test Application

In order to schedule a soil test, all applicants are required, by the Sudbury Board of Health, to submit the following forms and application(s);

- Sudbury Soil Test Application (one per proposed plot)
- Application Fee = \$250.00 (per plot)
- Signature of property owner indicating that they have full knowledge Of soil test and approve of soil test(s) being conducted on said property.
- Drawing of plot plan with approximate location of test holes indicated.
- Hoister's License must be submitted and Trench Permit Application.

Each applicant must submit an application, and payment, for each Sudbury Dwelling that requires a soil test.

If you have any questions or concerns, please do not hesitate to contact us at 978-440-5479.

Board of Health Director

*Bill Murphy*  
*Sudbury Health Director*  
*health@sudbury.ma.us*  
*Monday-Friday*  
*8:00am-3:00pm*  
*978-440-5480*



# Town of Sudbury

## Sudbury Health Dept

275 Old Lancaster Rd  
Sudbury, Massachusetts 01776  
Phone (978) 440-5478

**Permit Number:**

**Issue Date:**

**Expiration Date:**

### SOIL TESTING APPLICATION

THIS PERMIT MUST BE FULLY COMPLETED PRIOR TO CONSIDERATION

Name of Applicant			Phone #	
Street Address			Cell #	
City/Town	MA	ZIP	Email:	
Other Contact:			Other Contact Phone:	
Insurance Certificate #:			Policy Expiration Date:	
Name and Contact Information of Owner (If different from above):				
Have you obtained permission from property owner? Please provide proof: email, letter, signed form of acknowledgement.			Soil Evaluator:	
Yes:	<input type="checkbox"/>		License No:	
No:	<input type="checkbox"/>			

LOT #AND STREET: \_\_\_\_\_

OWNER OF PROPERTY: \_\_\_\_\_

### SOIL TEST FEE = \$250.00 PER LOT

An application and payment must be submitted per lot. Payment must be made in full, by check, to the Town of Sudbury and delivered with application(s) to the Health Department, located at the address above. With the signature below, I acknowledge that I have complied with testing standards and will proceed in accordance within the Sudbury MA laws, bylaws and regulations.

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

Date: \_\_\_\_\_

(Office Use Only)

Date(s) Assigned: \_\_\_\_\_

\_\_\_\_\_

Payment Information: \_\_\_\_\_