



TOWN OF SUDBURY
Board of Health

275 Old Lancaster Rd
Sudbury, MA 01776
978-440-5479
Health@sudbury.ma.us

TO: Soil Test Applicant

RE: 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 am a Certified Well Driller and all installation and testing will be done in accordance within the Sudbury MA laws, bylaws and regulations.

Applicant Signature: _____

Date: _____

(Office Use Only)

Date(s) Assigned: _____

Payment Information: _____