



# FORM A SOIL TEST FOR SEPTIC SYSTEM

141 Keyes Road  
Concord, MA 01742  
Phone: (978) 318-3275  
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**Public Health**  
Prevent. Promote. Protect.

Address of Property \_\_\_\_\_

Assessor's Map \_\_\_\_\_ Parcel Number \_\_\_\_\_

Fee per lot: <input type="checkbox"/> Concord (See Fee Chart Below)			
<input type="checkbox"/> Lincoln - \$200 per lot (make check payable to "Town of Lincoln")			
New Construction Soil Testing (per lot)		Repair/Replacement Soil Testing (per lot)	
<input type="checkbox"/> 0-659 gallons/day	\$325	<input type="checkbox"/> 0-659 gallons/day	\$275
<input type="checkbox"/> 660-1999 gallons/day	\$450	<input type="checkbox"/> 660-1999 gallons/day	\$400
<input type="checkbox"/> 2000-5999 gallons/day	\$600	<input type="checkbox"/> 2000-5999 gallons/day	\$550
<input type="checkbox"/> 6000-9999 gallons/day	\$800	<input type="checkbox"/> 6000-9999 gallons/day	\$850

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

Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_  
**REQUIRED**

Name of Owner (if different): \_\_\_\_\_

Owner's Mailing Address: \_\_\_\_\_

Name of Firm or Soil Evaluator Conducting Tests: \_\_\_\_\_

Email: \_\_\_\_\_  
**REQUIRED**

Name of Excavation Firm: \_\_\_\_\_

\_\_\_\_\_  
Signature of Property Owner/Applicant

\_\_\_\_\_  
Date of Application

Soil Tests Date: \_\_\_\_\_