



Connecticut River Area Health District

455 Boston Post Road Suite 7

Old Saybrook, CT 06475

Phone 860-661-3300 Fax 860-661-3333

APPLICATION FOR SOIL TESTING

ADDRESS (testing): _____ TOWN: _____

REASON FOR TESTING (circle) septic repair single new lot subdivision B100

NUMBER OF LOTS TO BE TESTED: _____

Old Saybrook only:

IS THE PROPERTY IN THE WASTEWATER MANAGEMENT DISTRICT: YES NO

NUMBER OF BEDROOMS: _____ OR DESIGN FLOW: _____

OWNERS NAME: _____ PHONE: _____

ADDRESS: _____

ENGINEER NAME: _____ PHONE: _____

ADDRESS: _____ LICENSE NO.: _____

INSTALLER NAME: _____ PHONE : _____

ADDRESS: _____ LICENSE NO: _____

APPLICANT (print name): _____

(signature): _____ Date: _____

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.

↓ **OFFICE USE ONLY** ↓

Fee (**\$110 per lot**): Date paid: _____ Check # _____ or Cash _____

DATE OF TESTING _____ SANITARIAN _____

TIME _____ Notes: _____
