



**Connecticut River Area Health District**

455 Boston Post Rd. 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: \_\_\_\_\_

NUMBER OF BEDROOMS: \_\_\_\_\_ OR DESIGN FLOW: \_\_\_\_\_

ENGINEER NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ LICENSE NO: \_\_\_\_\_

INSTALLER NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ LICENSE NO: \_\_\_\_\_

APPLICANT (print name): \_\_\_\_\_ PHONE: \_\_\_\_\_

(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 (**\$120 per lot**): Date paid: \_\_\_\_\_ Check # \_\_\_\_\_ or Cash \_\_\_\_\_

DATE OF TESTING \_\_\_\_\_ TIME \_\_\_\_\_

SANITARIAN \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_