



Connecticut River Area Health District

166 Main Street, Unit 2
Old Saybrook, CT 06475

Phone 860-661-3300 Fax 860-661-3333
Serving Old Saybrook, Clinton and Deep River

APPLICATION FOR SOIL TESTING

DATE: _____

ADDRESS TO BE TESTED: _____

NUMBER OF LOTS TO BE TESTED: _____

REASON FOR TESTING(circle) septic repair single new lot subdivision b100

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 NO: _____

ADDRESS: _____ LICENSE NO: _____

PLEASE SUBMIT THE COMPLETED APPLICATION WITH FEE PAYMENT AND A SITE MAP SHOWING EXISTING OR PROPOSED LOT LINES.

IF THERE IS AN EXISTING DWELLING ON THE PROPERTY, SHOW HOUSE, WELL AND SEPTIC LOCATIONS.

APPLICANT SIGNATURE: _____ DATE: _____

Office use only:

Date paid:.....Fee (\$75 per lot).....ck #.....cash.....

DATE OF TESTING: _____ SANITARIAN _____

Connecticut River Area Health District

166 Main Street, Unit 2

Old Saybrook, CT 06475

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

Serving Old Saybrook, Clinton and Deep River