



Connecticut River Area Health District  
455 Boston Post Rd. Suite 7  
Old Saybrook, CT 06475  
Phone: 860-661-3300 Web: [www.crahd.info](http://www.crahd.info)

Fee:  
\$175.00 per lot 1-3 DTP  
\$325.00 per lot 4-6 DTP  
Scan & Pay or Check  
payable to: CRAHD

Old Saybrook, Clinton, Deep River, Haddam, Chester, Killingworth, Durham



## APPLICATION FOR SOIL TESTING

ADDRESS (testing): \_\_\_\_\_

TOWN: \_\_\_\_\_ CONTACT EMAIL: \_\_\_\_\_

ESTIMATED NUMBER OF DEEP TEST PITS TO BE DUG \_\_\_\_\_

*REASON FOR TESTING: (Check one)*

☐ septic system repair residential - # of bedrooms \_\_\_\_\_

☐ septic system repair commercial – Design flow (GPD) \_\_\_\_\_

☐ new residential lot – Proposed # of bedrooms \_\_\_\_\_

☐ new commercial lot – Proposed Design flow (GPD) \_\_\_\_\_  
Describe proposed use \_\_\_\_\_

☐ subdivision – Proposed # of lots to be created \_\_\_\_\_

☐ B100A – Describe reason for testing \_\_\_\_\_

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

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

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

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

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

(signature): \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE HAVE THE TEST HOLES DUG **PRIOR TO THE SANTARIANS ARRIVAL**. TEST HOLES SHOULD BE DUG TO A MINIMUM OF 8 FOOT DEPTH UNLESS GROUND WATER AND/OR LEDGE IS ENCOUNTERED.

**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.

Date Paid: \_\_\_\_\_ ☐ Check \_\_\_\_\_ office use only ☐ Cash ☐ Credit/Debit

Date of Testing: \_\_\_\_\_ Time: \_\_\_\_\_ Sanitarian: \_\_\_\_\_

NOTES: \_\_\_\_\_