



Connecticut River Area Health District
455 Boston Post Rd. Suite 7, Old Saybrook, CT 06475
Phone 860-661-3300 Fax 860-661-3333

Fee: \$150 Per Lot
Payable to: CRAHD

APPLICATION FOR SOIL TESTING

ADDRESS (testing): TOWN:

Map Lot

REASON FOR TESTING: 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

Date Paid: Check Cash Credit/Debit

Date of Testing: Time: Sanitarian:

Three horizontal lines for additional notes or signatures.