



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