



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

Fee: \$150 Per Lot
Payable to: CRAHD

APPLICATION FOR SOIL TESTING

ADDRESS (testing): _____ TOWN: _____
CONTACT EMAIL: _____

ESTIMATED NUMBER OF TEST HOLES TO BE PERFORMED _____

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: _____

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: _____

NOTES: _____