APPLICATION FOR SOIL TESTING

Please submit this completed application with fees* to the Eastern Highlands Health District office in your town and contact the local sanitarian to schedule an appointment.

Up to 2 or 3 weeks lead time may be required for scheduling soil tests

Purpose of Soil Test:

□ Septic Repair  □ B100a  □ Site Assessment

□ New Lot Development  □ Subdivision

Date: __________________

Name of applicant: __________________________________________________________

Mailing Address of applicant: __________________________________________________

Telephone: __________________ Email: __________________ Fax: __________________

Property owned by (if different than applicant): ________________________________

Mailing Address of owner: ____________________________________________________

Telephone: __________________

Location of property: _________________________________________________________

Town: __________________________

If no street number or lot number is available:  Assessors Map#____ Block #_____ Lot#_____

Soil testing for vacant lot/s requires location map enclosed with application

If testing for subdivision, proposed name: __________________________________________

# of Lots ______

Deep Hole - $105.00 (for first three test pits per lot) __________________________

Perc Test - $90.00 __________________________

Additional Test Pits – quantity ______ $ ____________ ($30 each)

As the property owner or the duly authorized representative of the property owner for the above referenced property, I agree to permit EHHD staff to enter the above referenced property for the purpose of administering a site evaluation to determine the suitability of the site for on-site sewage disposal. I further agree that this authorization to enter the subject property may extend through a period of time ending with the final septic design approval and affirm such with my signature below.

________________________________________

Signature of Applicant

Office Use Only:  Date: __________ Amount Enclosed: __________ Check Number/Cash: __________ Receipt No. __________

*FEES:

Checks Payable to the Eastern Highlands Health District (EHHD).

Coventry: Checks payable to Town of Coventry;

Tolland: Checks payable to Town of Tolland

Preventing Illness & Promoting Wellness for Communities In Eastern Connecticut

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