



Eastern Highlands Health District

4 South Eagleville Road • Mansfield, CT 06268 • Tel: (860) 429-3325 • Fax: (860) 429-3321 • www.ehhd.org

## 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

ADDITIONAL TEST HOLES MAY BE REQUIRED. PAYMENT FOR ANY ADDITIONAL TESTING WILL BE EXPECTED AT THE TIME OF TESTING.

Date: \_\_\_\_\_

Name of applicant: \_\_\_\_\_

Address of applicant: \_\_\_\_\_

Telephone: \_\_\_\_\_

Property owned by: \_\_\_\_\_

Address of owner: \_\_\_\_\_

Telephone: \_\_\_\_\_

Location of property: \_\_\_\_\_  
\_\_\_\_\_

If no street number or lot number is available, assessor's map/block/lot number MUST be provided.

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

If testing for subdivision, proposed name: \_\_\_\_\_

Number of lots to be tested: \_\_\_\_\_

Deep Hole - \$85.00 (for first three test pits per lot) \_\_\_\_\_

Additional Test Pits - \$20.00/each \_\_\_\_\_

Perc Test - \$75.00 \_\_\_\_\_

Both - \$160.00 \_\_\_\_\_

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. \_\_\_\_\_

Revised June 2008

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