



CHESPROCOTT HEALTH DISTRICT  
1220 Waterbury Road  
Cheshire, CT 06410  
203-272-2761

## SOIL TESTING APPLICATION

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

Address to be tested: \_\_\_\_\_ Town: \_\_\_\_\_

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

Reason for Testing: (circle)    Septic Repair    Single New Lot    Subdivision    B100a

Owners Name: \_\_\_\_\_ Phone : \_\_\_\_\_

Address: \_\_\_\_\_

Engineer Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Installer Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ License Number: \_\_\_\_\_

**APPLICANT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**New Lots: Minimum 3 deep pits & perc in Primary; 2 deep pit & perc in Reserve**  
**B-100's and Repairs: 2 deep pits and perc**

### OFFICE USE ONLY

Date Paid: \_\_\_\_\_ Check #: \_\_\_\_\_ or Cash: \_\_\_\_\_

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_