

ESSEX HEALTH DEPARTMENT
29 WEST AVENUE, ESSEX, CONNECTICUT 06426
860-767-4340 FAX 860-767-8509

www.essexct.gov

APPLICATION FOR SOIL TESTING

Fees: Existing Properties \$50.00/Lot New Subdivision \$75.00/Lot Retest \$50.00/Lot

STREET LOCATION: _____ MAP _____ LOT _____

APPLICANT NAME: _____

MAILING ADDRESS: _____

PHONE AND EMAIL: _____

OWNER NAME: _____

MAILING ADDRESS: _____

PHONE AND EMAIL: _____

ENGINEER NAME: _____

MAILING ADDRESS: _____

PHONE AND EMAIL: _____

SURVEYOR NAME: _____

MAILING ADDRESS: _____

PHONE AND EMAIL: _____

SYSTEM/SITE INFORMATION (Check all that apply)

- Existing Vacant Lot Existing Lot with House Residential Commercial
 Septic Repair B100a Compliance Engineered System Installer System
 CT DEP System CT DPH System
 Subdivision No. of Lots to be created _____ Subdivision Name: _____

Are there wetlands/watercourses/open water on the lot(s) Yes No Water Supply: Public Well

Permission is hereby granted to the Essex Health Department and/or their representative to enter onto the property along with your engineer or person responsible for conducting soil testing on the above mentioned property. The information provided above is, to the best of my knowledge and belief, true and correct.

SIGNATURE: _____

Applicant or Authorized Agent Date

FOR OFFICE USE ONLY

APPLICATION NO.: _____ DATE: _____ FEE PAID CK. NO.: _____

DATE OF SOIL TESTING: _____