

Application for Soil Testing

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

Street Location _____ **Map** _____ **Lot** _____

Applicant Name _____ **Phone** _____
Mailing Address _____ **Email** _____
Signature _____

Property Owner Name _____ **Phone** _____
Mailing Address _____ **Email** _____

Engineer/Surveyor _____ **Phone** _____
Mailing Address _____ **Email** _____
License # _____

Installer Name _____ **Phone** _____
Mailing Address _____ **Email** _____
License # _____

Septic System / Site Information

- | | | |
|--|---|--|
| <input type="checkbox"/> Commercial/Industrial | <input type="checkbox"/> Engineered System | <input type="checkbox"/> CT DEEP Approval Required |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Installer System | <input type="checkbox"/> CT DPH Approval Required |
| <input type="checkbox"/> Existing Lot w/ Building Served | <input type="checkbox"/> Existing Vacant Lot | |
| <input type="checkbox"/> Septic System Repair | <input type="checkbox"/> No. of Lots Created: _____ | |
| <input type="checkbox"/> B100a Compliance | <input type="checkbox"/> Subdivision Name (if assigned): _____ | |
| <input type="checkbox"/> Private Well | <input type="checkbox"/> Wetlands/Watercourse/Open Water nearby | |
| <input type="checkbox"/> Public Water Supply | <input type="checkbox"/> Accessory Structures on Site (pool, shed, detached garage, etc.) | |

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.

Applicant Signature: _____ **Date:** _____

FOR OFFICE USE ONLY

Fee Paid: _____ **Check #:** _____ **Date Received:** _____

Date(s) of Soil Testing: _____ **Permit #:** _____