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

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.

*FEES:
Checks Payable to the Eastern Highlands Health District (EHHD).
Coventry: Checks payable to Town of Coventry;
Tolland: Checks payable to Town of Tolland

_____
Signature of Applicant

Office Use Only: Date:_____Amount Enclosed:_____ Check Number/Cash:_____ Receipt No._____