

www.newtown-ct.gov/health-district

## NEWTOWN DISTRICT DEPARTMENT OF HEALTH **REQUEST FOR SOIL TEST / SITE INVESITGATION**

Application Date:		_			
<b>New</b> (\$150)	Repair (\$100)	Code Complying	<b>Area</b> (\$75)	Subdivisio	<b>n</b> (\$200 per lot)
New Lot(s)					
Re	pair	2 Deep	o test holes,	1 Perc minim	านทา
C	ode Complying A	Area1 Dee	p test hole,	1 Perc minim	um
	Water Treatme	nt Wastewater1	Deep test ho	ole minimum	
*A plot		t holes and/or perc to lot boundaries shall	•	•	plication.
Address/Street Loca	tion:		Тс	wn:	
Accessor M-B-L:		Lot Size:			
Property OWNER N	AME:				
Property OWNER A	DDRESS:				
Applicant (Person/C	ompany making r	equest) Name:			
Applicant Address:_					
Applicant Phone:	Applicant Email:				
Engineer Name & Pl	none:				
Additional specific landmarks, directions etc.:					
necessary and/or rec limitations indic	commended that an ate an engineer is	ent for soil testing. Depen engineer be present du required, the testing ma t wide, four feet below	uring the soil to ay need to be	esting. If you repeated at you	our own expense.
the responsibility of th area for Health Departm	e owner/engineer to nent review. Depen	be sure an adequate	number of tes itted septic de	t holes are du sign, more tes	e scheduled test time. It is ig in the proposed septic at holes may be requested. ill be.
HEALTH DISTRICT US	E ONLY: Fee Pai	d:	Check #:_	C	ash:
Sanitarian:		Date Schedule	ed:		

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