



CHESPROCOTT HEALTH DISTRICT
1247 Highland Ave
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 2 deep pits & perc in Primary; 1 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: _____