

Soil Testing SSDS
Existing Lot with Building (per lot) \$50.00
Vacant or Proposed Lot (per lot) \$100.00

TOWN OF WESTBROOK

Connecticut 06498

HEALTH DEPARTMENT

Tel: (860) 399-3047 or (860) 399-3046

6 Boston Post Road, Westbrook,

Date: _____

APPLICATION # _____

Fee: _____

APPLICATION FOR SOIL TESTING

PROPERTY ADDRESS:

Owner's Name: _____

Owner's Phone #: _____

Applicant's Name: _____

Applicant's Phone #: _____

Applicant's Address: _____

Applicant's Fax #: _____

Applicant's E-Mail Address: _____

Applicant's License No. _____

Vacant Lot: YES / NO Existing Septic: YES/NO Subdivision Testing YES/NO (No. of Lots: ___)

RESIDENTIAL: YES / NO

(# of Bedrooms; _____) (Whirlpools / Garbage Disposal)

COMMERCIAL: YES / NO

(Total Square Feet: _____)

OTHER: _____

REASON FOR SOIL TESTING:

REPAIR: _____ NEW SYSTEM: _____ B100)A : _____ SUB DIVISION: _____

OTHER: _____

SITE INFORMATION:

Lot Size: _____ Area of Concern: YES / NO If Yes, Reasons: _____

Type of Water Supply: Well / Public Footing Drains: Yes / No Curtain Drains: Yes / No

Permission is hereby granted to the Westbrook Health Department and/or their representative to enter onto the property along with your representative responsible for conducting soil testing on the property so listed above. The information on this application is, to the best of my knowledge, true and correct. The Westbrook Health Department is held harmless relative to any damage which might occur during these activities.

Signed: _____

Date: _____

OFFICE USE ONLY: _____

State Health Dept. Review Required: YES / NO

DEEP Review Required: YES / NO

TESTING SCHEDULE DATE: _____ TIME: _____ By: _____

Note: Soil Testing cannot be scheduled until all required fees have been paid.