



TOWN OF WESTBROOK

HEALTH DEPARTMENT

866 BOSTON POST ROAD
WESTBROOK, CONNECTICUT 06498

(860) 399-9869 • Fax (860) 399-2084

Soil Testing Application

Requirements of Soil Testing:

- Applicable Fee Paid
-Existing Lot with Building (Per Lot) = **\$50.00**
-Vacant or Proposed Lot (Per Lot) = **\$100.00**
- Equipment to establish elevations of benchmark and Test Pit grades
- Water for percolation tests
- Call Before You Dig **MUST** be contacted

Date: _____

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 # (if applicable): _____

Engineer Name (if applicable): _____ **Phone #:** _____

Reason for Testing:

Septic System Repair B100a New Lot Subdivision Well Water Treatment

Existing Structure (if applicable):

Residential # of Existing Bedrooms: _____ # of Proposed Bedrooms (if applicable): _____

Non-Residential Use of Building: _____

Footing/Foundation Drains: Yes No

Garbage Disposal: Yes No Large Bathtub Over 100 Gallons: Yes No

Water Source: Public Water Well

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 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.

Signature of Applicant: _____ **Date:** _____

Office Use Only

Application #: _____ **Fee Paid:** _____ **Check #:** _____ **Cash:** _____