



TOWN OF WESTBROOK HEALTH DEPARTMENT

866 BOSTON POST ROAD
WESTBROOK, CONNECTICUT 06498
(860) 399-9869 • Fax (860) 399-2084

***This Box Office Use Only**

Soil Test Application

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

Fees: Existing Lot with Building (Per Lot) - \$50 Vacant or Proposed Lot (Per Lot) - \$100

Street Location _____	Map _____	Lot _____
Property Owner Name _____	Phone _____	
Mailing Address _____	Email _____	
Applicant Name _____	Phone _____	
Mailing Address _____	Email _____	
Installer Name & License # _____	Phone _____	
Mailing Address _____	Email _____	
Engineer Name & License # _____	Phone _____	
Mailing Address _____	Email _____	

I hereby request Health Department Approval to Conduct Soil Testing based on the following:

- Reason for Testing:** Septic System Repair B100a New Lot Subdivision
- Existing Structure (If Applicable):** Residential Non-Residential
of Bedrooms _____ or Design Flow _____ Gallons Per Day
Water Source: Private Well Public Water
Footing/Foundation Drains: Yes No
Garbage Disposal: Yes No
Large Bathtub Over 100 Gallons: Yes No

Applicant Requirements: (Check Items)

- Fee Paid
- Equipment to Establish Elevations of Benchmark and Soil Test Pit Grades
- Water for Percolation Test(s)
- Call Before You Dig (CBYD) MUST Be Contacted – Dial 8-1-1

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.

Applicant Signature: _____ **Date:** _____

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Date of Testing: _____ **Time:** _____