



# Housatonic Valley Health District Application for Soil Testing

**PLEASE PRINT - All Applications Must Be Complete For Proper Processing**

Location of Testing: \_\_\_\_\_  
Lot & Street Town

Subdivision Name: \_\_\_\_\_

Owner of property: \_\_\_\_\_ Phone # \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street Town State Zip

Testing by: Engineer Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Excavator Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Mailing Address: \_\_\_\_\_

### Requirements Prior to Sanitarian Visiting Site:

- 1. **Deep holes must be dug.**
- 2. **Perc holes must be dug and soaked for a minimum of one hour.**
- 3. **Application & payment to be made at office prior to soil test date.**
- 4. **All requests for soil testing must be accompanied by a plot plan of property.**

Name of Applicant/Agent: \_\_\_\_\_

Organization Name: \_\_\_\_\_ Phone# \_\_\_\_\_

\_\_\_\_\_  
**Signature of Applicant or Agent** **Date**

### OFFICE USE ONLY

FEE AMOUNT RECEIVED: \_\_\_\_\_ DATE: \_\_\_\_\_ CHECK# \_\_\_\_\_

**ALL APPLICATION FEES ARE NON-REFUNDABLE**