



# Housatonic Valley Health District

## Application for Soil Testing

Fee: \$250.00 Must be made Payable to HVHD

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

Location of Testing: \_\_\_\_\_  
                                     Lot & Street                                      Town                                      State                                      Zip Code

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

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

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

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

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

Soil testing is for: New Construction:  Repair:  B100a:

### 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 the office prior to soil test date.**
4. **All requests for soil testing must be accompanied by a plot plan of the property.**

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

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

Email: \_\_\_\_\_

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

**FOR DISTRICT USE ONLY:**

|   |                 |                 |                |
|---|-----------------|-----------------|----------------|
| <input type="checkbox"/> Credit Card<br><input type="checkbox"/> Check# _____ | Date Paid _____ | \$ Amount _____ | Rec'd by _____ |
|---|-----------------|-----------------|----------------|

**ALL APPLICATION FEES ARE NON-REFUNDABLE**