

Housatonic Valley Health District Application for Soil Testing

\$275.00 (residential) \$500.00 (commercial)

Must be made Payable to HVHD

Applications can be emailed to eht@hvhdct.gov and an email will be sent to you with payment options or mail the completed application with the appropriate fee to our office.

Location of 7	Testing:						
		& Street	Town		State	Zip Code	
Owner of property:					Phone #		
Testing by:	Engineer	Name:		Phone #			
	Mailing Address:						
	Excavato	r Name:		Phone #			
	Mailing A	.ddress:					
Soil testing is	s for: New	Construction: □	Repair: □	B100a: □			
Requiremer	nts Prior to	Sanitarian Visitir	ng Site:				
3. Appl 4. All re	ication & p equests for	t be dug and soa ayment to be ma soil testing mus	de at the office t be accompar	e prior to soil t nied by a plot p	est date. olan of the p		
		nt:					
Organization	Name :			Phone#	<u> </u>		
Email:							
Signature o	f Applicant	or Agent:			_ Date:		
		FOR DISTRIC	CT USE ONLY:				
☐ Credit Ca	ard	Date Paid	_ \$ Amou	nt	Rec'd by _		