



APPLICATION FOR SOIL TESTING

DATE: _____ NEW LOT ADDITION (B100a) REPLACEMENT SYSTEM

BETHANY HAMDEN NORTH HAVEN WOODBRIDGE

This form must be completed and submitted with payment before soil testing can be scheduled.	
1. PROPERTY ADDRESS:	
(Name of subdivision)	
# OF LOTS:	N/A _____
2. OWNER(S)' NAME:	
ADDRESS (if different than above):	
PHONE#:	FAX#:
CELL #:	
3. BUILDER/DEVELOPER NAME:	
N/A _____	
CONTACT PERSON:	TITLE:
ADDRESS:	
N/A _____	
PHONE #:	FAX #:
CELL #:	
4. ENGINEER:	
CONTACT PERSON:	
ADDRESS:	
PHONE #:	FAX #:
CELL #:	
5. LICENSED SEPTIC INSTALLER:	
ADDRESS:	
PHONE #:	FAX #:
CELL #:	
6. ATTACH SITE PLAN SHOWING PROPOSED TESTING LOCATIONS	
7. Fees Payable <i>BEFORE</i> Testing:	
NEW Single lot \$75 Additional lot \$50 (same subdivision) ___ Lots = \$ _____	ADDITION (B100a) \$75.00 REPLACEMENT SYSTEM \$ N/A
Office use only:	
Date Paid: _____	
Sanitarian: _____	
<i>All information must be filled in and paid before assignment can be made.</i>	

Quinnipiack Valley Health District

A Regional Health Department Serving Bethany, Hamden, North Haven and Woodbridge, CT

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