

ASPETUCK HEALTH DISTRICT
APPLICATION FOR TEST HOLES & PERCOLATION TESTS

**A-2 Survey Required
with Application
(Includes 4 test holes
and 2 perc).**

Fee is Non-Refundable New building lot\$265 Septic repair\$265 Building addition/
 New construction ..\$265 Feasibility (B-100A) ..\$265

Location: _____ Westport Weston Easton

Owner: _____ **Date:** _____

Excavator Installer: _____ **Tel** (____) _____

Subdivision Name: _____ **Lot No.:** _____ **Lot Area:** _____

Testing Witness: _____ **RESID.** **No. Bedrooms:** _____ **NON-RESID:** **Type:** _____

Depth (In.)	1	2	3	4	5
0					
12					
24					
36					
48					
60					
72					
84					
96					
108					
120					
132					
144					

Mottling					
Water					
Ledge					
Restrictive Layer					

Approx. Slope of Tested Area: _____ **General Conditions:** _____

Sanitarian: _____ **Date:** _____



SOIL PERCOLATION TEST

Location: _____ Westport Weston Easton

Name: _____ **Date:** _____

Test Hole No.: _____ Depth: _____

Presoaked - Date _____ Time _____		
Time	Reading	Rate

Test Hole No.: _____ Depth: _____

Presoaked - Date _____ Time _____		
Time	Reading	Rate

Test Hole No.: _____ Depth: _____

Presoaked - Date _____ Time _____		
Time	Reading	Rate

Test Hole No.: _____ Depth: _____

Presoaked - Date _____ Time _____		
Time	Reading	Rate

Test Hole No.: _____ Depth: _____

Presoaked - Date _____ Time _____		
Time	Reading	Rate

Test Hole No.: _____ Depth: _____

Presoaked - Date _____ Time _____		
Time	Reading	Rate

Findings: _____



Sanitarian: _____ **Date:** _____



ASPETUCK HEALTH DISTRICT
180 Bayberry Lane, Westport, CT 06880-2855
Telephone: (203) 227-9571 Fax: (203) 221-7199

CONTACT INFORMATION / OWNER AUTHORIZATION

Project Address: _____
Street Address/Project Location

_____ Town State Zip Code

Application(s) being submitted:	Description of Proposed Work:
_____	_____
_____	_____
_____	_____

Applicant's/Agent's Information: To be contact person regarding above applications (Applicant is Owner)

Name: _____ Phone# (____)____-_____

Company _____

Mailing Address: _____
Street Address

_____ Town/City State Zip Code

Email: _____

Property Owner Authorization

I hereby declare the following:

1. That I am the Owner of the premises listed as *Project Address* above.
2. That the *Applicant/Agent*, listed above, is duly authorized on my behalf to execute the *Application(s)*, listed above, to obtain health approval(s) and permit(s) to commence construction of the *Proposed Work* described above.

_____	/ /	_____	/ /
Owner's Signature	Date	Applicant/Agent's Signature	Date

Owner's Information: Please include owner in all correspondence regarding above applications

Name: _____ Phone# (____)____-_____

Company _____

Mailing Address: _____
Street Address

_____ Town/City State Zip Code

Email: _____