



Aspetuck Health District 180 Bayberry Lane, Westport, Connecticut 06880
T: 203-227-9571 F: 203-221-7199 W: www.aspetuckhd.org

**A-2 Survey
Required with
Application
Includes 4 test
holes & 2 percs**

APPLICATION FOR TEST HOLES & PERCOLATION TESTS

Fee is non-refundable: \$320 ☐ New building lot ☐ New construction ☐ Septic repair ☐ Building addition/Feasibility (B-100A)

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: _____



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SOIL PERCOLATION TEST

Location: _____ ☐ Westport ☐ Weston ☐ Easton
Name: _____ Date: _____

Test Hole #: _____ Depth: _____

Presoaked - Date _____ Time _____		
Time	Reading	Rate

Test Hole #: _____ Depth: _____

Presoaked - Date _____ Time _____		
Time	Reading	Rate

Test Hole #: _____ Depth: _____

Presoaked - Date _____ Time _____		
Time	Reading	Rate

Test Hole #: _____ Depth: _____

Presoaked - Date _____ Time _____		
Time	Reading	Rate

Test Hole #: _____ Depth: _____

Presoaked - Date _____ Time _____		
Time	Reading	Rate

Test Hole #: _____ Depth: _____

Presoaked - Date _____ Time _____		
Time	Reading	Rate

Findings: _____

<div></div>	NORTH Indicated

Sanitarian: _____ Date: _____



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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: _____