



NO INCOMPLETE APPLICATIONS WILL BE ACCEPTED

## **HOW TO FILL OUT THE APPLICATION FOR TEST HOLES & PERCOLATION TESTS**

*\*Prior to filling out the application, AHD recommends completing a file search for the property as-built\**

*\*\*Incomplete applications will not be accepted\*\**

*Completed applications include a filled-out application and any required supplemental documents.*

- Check the box at the top of the application to indicate **what the test hole application is for.**
- Fill out all sections regarding the Location of the property, including checking the Town's box.
- Property owners **shall sign** the top of the application.
- Applicants must date the application the day it is filled out.
- The contractor conducting the testing (Professional Engineer or Licensed Septic Installer) **shall print** their name on the top of the application.
  - Phone number for the contractor **shall** be included.
- If the testing is for a subdivision please list the name.
  - If not apart of a subdivision, please write "N/A".
- Testing witness will be the engineer or septic installer, please include their name here.
- For residential structures **list total number of proposed bedrooms.**
  - If the number of bedrooms is unknown, list potential number of bedrooms.
  - **DO NOT LEAVE NO. BEDROOMS BLANK.**
- If testing for a non-residential building, please check box and specify the desired use.

**Remaining sections on application must be left blank and will be filled out at the time of inspection.**

**Once the application has been filled out, ensure that you are submitting the proper supplemental documentation below.**

1. Provide **1 hard copy** of the existing A2 survey.
2. Provide **a completed owner authorization form**- including property owner email/phone.



Aspetuck Health District 180 Bayberry Lane, Westport, Connecticut 06880  
 T: 203-227-9571 F: 203-221-7199 W: [www.aspetuckhd.org](http://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: \$330**  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: \_\_\_\_\_

NORTH  
Indicated

Sanitarian: \_\_\_\_\_ Date: \_\_\_\_\_



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## CONTACT INFORMATION / OWNER AUTHORIZATION

**Project Address:** \_\_\_\_\_  
Street Address/Project Location  
\_\_\_\_\_  
Town State Zip Code

<b>Application(s) being submitted:</b>	<b>Description of Proposed Work:</b>
_____	_____
_____	_____
_____	_____

**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: \_\_\_\_\_  
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### 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
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**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: \_\_\_\_\_



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