



## 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.		
<b>1. PROPERTY ADDRESS:</b>		
(Name of subdivision)		
# OF LOTS:		N/A _____
<b>2. OWNER(S)' NAME:</b>		<b>Email:</b>
ADDRESS (if different than above):		
PHONE#:	FAX#:	CELL #:
<b>3. BUILDER/DEVELOPER NAME:</b>		
CONTACT PERSON:		TITLE: N/A _____
ADDRESS:		<b>Email:</b>
PHONE #:	FAX #:	CELL #:
<b>4. ENGINEER:</b>		<b>Email:</b>
CONTACT PERSON:		
ADDRESS:		
PHONE #:	FAX #:	CELL #:
<b>5. LICENSED SEPTIC INSTALLER:</b>		
ADDRESS:		<b>Email:</b>
PHONE #:	FAX #:	CELL #:
<b>6. ATTACH SITE PLAN SHOWING PROPOSED TESTING LOCATIONS</b>		
<b>7. Fees Payable <i>BEFORE</i> Testing:</b>		
<b>NEW</b> Per Lot \$225 ___ Lots = \$ _____	ADDITION (B100a) \$100.00  ANY ADDITIONAL TESTING (DIFFERENT DAY) \$100.00	REPLACEMENT SYSTEM \$ 150.00
Office use only: Date Paid: _____ Sanitarian _____		
<i>All information must be filled in and paid before assignment can be made.</i> <b>Note:</b> A fee of \$100 will be charge for no-shows or cancellations after the Sanitarian has left the office		

Quinnipiack Valley Health District

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

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