

Naugatuck Valley Health District

98 Bank Street Seymour, CT 06483 P: (203)881-3255 Fax: (203)881-3259 www.nvhd.org

REQUEST FOR SOIL TESTING/SITE EVALUATION

SDIVISION: (\$250 per lot)	WTW (\$50)	ADDITIONAL TESTING (\$75)
Location:		
Lot # / Street Address		Town
Subdivision Name (if applicable):		
Property Owner's Name:	Phone #:	
Property Owner's Address (if different from abo	ve):	
Applicant's Name (Person or Company):		
Applicant Address:	Applicant Phone #:	
Engineer Name & Contact Info:		
scheduled site visit. New lot: 3deep test pits, 2 perc minimum B100: 1deep test pit, 1 perc minimum. WTW Disposal: 1deep test pit. Please be aware that depending on site c	Subdv: 3 deep test pits, 2 j	perc minimum,
It is strongly recommended that a licensed sinvestigation with NVHD.	eptic installer be present to	o conduct the soil testing/site
A licensed engineer must be present for nev	v lot and/or subdivision red	quests.
It is agreed that NVHD and its agents be hel during these activities or in the event of futu conjunction with site evaluation or subseque	re difficulties associated v	
Signature of Owner/ Applicant	-	Date
FOR OFFICE USE ONLY Fee Paid:	Receipt #:	
DATE SCHEDULED/ TIME:	NVHD SAN	ITARIAN: