

Be Healthy ... Be Happy
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ROXBURY-355-2985

NEWTOWN DISTRICT DEPARTMENT OF HEALTH

REQUEST FOR SOIL TEST

Application Date: _____ No. of lots to be tested: _____

Number of holes: New Lots: 3 Deep Holes, 2 Percs minimum
Repair & Code Complying Area: 1 Deep Hole, 1 Perc minimum

New (\$100.00) _____ Code Complying Area (\$50.00) _____ Repair (\$50.00) _____
Subdivision (\$200.00 per lot) _____

Please make check payable to Newtown Health District. A plot plan indicating all lot boundaries shall be submitted with this application.

Address/Street Location of Lot(s) to be tested: _____

Assessor's Map _____ Block _____ Lot _____ LOT SIZE (acreage): _____

Property OWNER'S NAME: _____

Property OWNER'S ADDRESS: _____

Applicant (Person/Company making request) Name: _____

Applicant's Address: _____

Applicant's Tel. No.: _____

Engineer's Name & Address: _____

Directions (Please include house color, landmarks & specific directions):

Depending upon the purpose of the soil testing, we recommend that you have a licensed septic installer and/or an engineer present during the soil testing. If you choose not to and site limitations indicate an engineer is needed, the testing may need to be repeated at your own expense. Deep holes are to be 2-1/2 to 3 feet wide, 7 feet deep and ramped for easy access.

The percolation holes should be 24-36" (inches) deep, dug and presoaked 2 hours before the scheduled test time. It is the responsibility of the owner/engineer to be sure an adequate number of test holes are dug in the proposed septic area for Health Department review. Depending on the final submitted septic design, more test holes may be requested. The more test hole information available, the better the site evaluation will be.

Fee Paid: _____ Check No. _____ Date test required: _____