



WEST HAVEN HEALTH DEPARTMENT  
 355 MAIN STREET, WEST HAVEN CT 06516  
 PHONE: (203) 937-3660 FAX: (203) 937-3976

**APPLICATION FOR SOIL TESTING**

**FOR APPLICANT:**

Date: \_\_\_\_\_ Town: \_\_\_\_\_ Lot#: \_\_\_\_\_ Address: \_\_\_\_\_

Residential: \_\_\_\_\_ #Bedrooms: \_\_\_\_\_ Non-residential: \_\_\_\_\_ Describe: \_\_\_\_\_

New: \_\_\_\_\_ Repair: \_\_\_\_\_ B100 or alteration: \_\_\_\_\_ Owner: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Applicant's Telephone # \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

**FOR SANITARIAN:**

**PERCOLATION TEST DATA: (Record all Perc Tests)**

<u>Primary Area Perc Test #</u>				<u>Reserve Area Perc Test #</u>				<u>Additional Per Test #</u>			
Date _____				Date _____				Date _____			
Dept _____				Dept _____				Dept _____			
Diameter _____				Diameter _____				Diameter _____			
Length of Pre-soak _____				Length of Pre-soak _____				Length of Pre-soak _____			
H2O in hole _____				H2O in hole _____				H2O in hole _____			
<u>Time</u>	<u>Reading</u>	<u>Drop"</u>	<u>Rate</u>	<u>Time</u>	<u>Reading</u>	<u>Drop"</u>	<u>Rate</u>	<u>Time</u>	<u>Reading</u>	<u>Drop"</u>	<u>Rate</u>

**DEEP TEST PIT DATA/SOIL DESCRIPTIONS: (Record all Test Pits)**

Pit #	Primary	Pit#	Primary	Pit #	Primary	Pit #	Primary
Dept	Soil Conditions	Dept	Soil Conditions	Dept	Soil Conditions	Dept	Soil Conditions
Soil Moisture:		Soil Moisture:		Soil Moisture:		Soil Moisture:	
Groundwater:		Groundwater:		Groundwater:		Groundwater:	
Mottling:		Mottling:		Mottling:		Mottling:	
Ledge:		Ledge:		Ledge:		Ledge:	
Restrictive Layer:		Restrictive Layer:		Restrictive Layer:		Restrictive Layer:	
Slope = %:		Slope = %:		Slope = %:		Slope = %:	

Comments:

TEST LOCATION SKETCH:

Show compass, roads, drainage courses and other environmental features:

SPECIAL CONDITIONS

Is public water service available: _____	Water supply watershed: _____
Larger than 2000 GPD: _____	Possible seasonal flooding: _____
High G.W. (less than 3ft.): _____	Excessive slope (over 25%) _____
Watercourse, marsh or pond: _____	Shallow suitable area: _____
Perc rate > 30 min./in.: _____	Limited suitable area: _____
Perc rate < 1 min./in.: _____	Use subject to peak flows: _____
Soils w/severe limitations: _____	Water Table – Near Max. _____ Below Max. _____

CONCLUSIONS

Suitable _____	Additional Investigation required _____
Unsuitable _____	Retest during wet season _____
Engineering design required _____	MLSS _____

DESIGN RECOMMENDATIONS

Investigated by: \_\_\_\_\_ Title: \_\_\_\_\_

Confirmed/witnessed by: \_\_\_\_\_ Title: \_\_\_\_\_

