



NAUGATUCK VALLEY HEALTH DISTRICT
98 Bank Street
Seymour, CT. 06483
Phone (203) 881-3255 Fax: (203) 881-3259

APPLICATION FOR SOIL TESTING/SITE EVALUATION

_____ **NEW LOT (FEE \$250)** _____ **REPAIR (FEE \$200)** _____ **B100 (FEE \$175)**

FEE IS NOT TRANSFERABLE

Location: _____

Owner: _____ Phone: _____

Owner Address: _____

Installer/Contractor: _____ Engineer: _____

Name: _____ Phone: _____

Address: _____

Water Supply: Public _____ Private _____ No. of Bedrooms _____ Employees/Occupants _____

FOR REPAIR/B100's

Is a plot plan available? _____ Does property have a water treatment system? _____

If yes, what type? _____ Where does system backwash to? _____

Are there any whirlpool or large capacity (>100 gallons) bathtubs? _____

When was septic tank last pump? _____

Please describe the problem(s) you are having with your system: _____

- * The applicant agrees to hold NVHD and its agents harmless in the event of future problems or difficulties associated with any work done in conjunction with this site evaluation or subsequent septic system repair.
- * The applicant understands that the results of any tests conducted by or on half of NVHD are public information. The responsibility for the proper maintenance and operation of this septic system is entirely the owner's.

APPLICANT SIGNATURE: _____ DATE: _____

PRINTED NAME: _____

FOR OFFICE USE ONLY

DATE SCHEDULED: _____

SANITARIAN: _____

FEE PAID: _____

RECEIPT #: _____