Wilton Health Department

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<u>Fee:</u> \$150

<u>Subdivision:</u> Application: \$150 /+\$150 per Lot



Town Hall Annex

238 Danbury Road Wilton, CT 06897 P-203-563-0174 E-health@wiltonct.org

Application for Soil Testing

Date:		NW#	
Location:			
Owner:			
Address:	PhoneNumber:		
Applicant:	Phone Number:		
Email Address:			
Soil Testing For:(check one) New	Septic System	Repair CCA (I	B100a) Feasibility
Addition/Alteration to Ex. Septic System Other			
Subdivision:	# of lots: (see fee structure above)		
Lot Area:	Age of House:	Type of Building:_	
Water Supply: Well: Public Water:			
Nature of Failure (if applicable)			
Number of Bedrooms:	ms: Existing: Proposed:		
Existing Septic Tank Capacity	gallons	Pump Chamber	Size:
Existing type of Absorption Treatment:			
Trenches Dryv	ells Gallery	Bed Oth	er
Applicant's Signature			:

For subdivision testing, a map of the property must be submitted with the application. A <u>minimum</u> of 6 deep test holes per lot (three in primary, three in reserve- make sure you have down gradient holes) and two percolation test holes (one primary, one reserve) are required. Deep test holes should be spaced adequately apart for proposed size of septic system. If a property has an existing house and a proposal is made to change existing property lines to create a new lot or lots, a reserve septic area must be validated. This will require a <u>minimum</u> of four deep test holes (spaced adequately apart) and two percolation tests per lot. (2017)