



BRISTOL-BURLINGTON HEALTH DISTRICT
240 Stafford Avenue, Bristol, Connecticut 06010-4617
Tel. (860) 584-7682 • Fax (860) 584-3814 • www.bbhd.org



FEE: \$ 100.00 per Lot

REQUEST for SOIL TEST OBSERVATION

In order to make an appointment with a BBHD staff person, the following application must be filled out and submitted with the appropriate fee. It should be noted that all soil testing, deep pit observations and percolation tests, must be conducted by a professional engineer and coordinated with the BBHD staff. It is the applicant's responsibility to secure the services of the engineer and any necessary equipment, such as a backhoe.

APPLICANT MUST COMPLY with BBHD SOIL TESTING POLICY/ SITE PREPARATION

Applicant (please print): _____

Phone #: _____ **Fax #:** _____

Email Address: _____

of lots to be tested: _____ **of \$100.00 per lot = \$** _____

Location: _____, _____
(street address) (town)

Assessors Map No _____ **Block No.** _____ **Lot No.** _____

Engineer: _____ **Phone:** _____

Owner of Property: _____

Water Supply Public _____ **Well** _____ **Is this lot approved by Zoning** _____

As the owner or owner's representative, I certify that the Bristol-Burlington Health District will be held harmless from any potential damages associated with soil testing and that permission is hereby granted to conduct all required tests.

Signature: _____ **Date:** _____

--- For Office Use Only ---

Date Request Received: _____

Project Assigned to: _____

Date Soil Testing has been Scheduled for: _____