

TOWN OF KILLINGWORTH
HEALTH DEPARTMENT
323 RT 81, Killingworth, CT 06419
PHONE: (860)663-1765 x223 FAX: (860)663-3305

APPLICATION FOR SOIL TESTING

Location address: _____ Map # _____ Lot # _____

Applicant: Name: _____ Phone #: _____

Address: _____ Cell #: _____

Property Owner: Name: _____ Phone #: _____

Mailing Address: _____

Applying for:

A. New Lot Repair B-100a Review

B. Residential Commercial

Soil Testing Procedures:

1. Select location minimum 75' from any wells.
2. Dig a deep pit in the proposed septic location with a backhoe – a minimum 7' deep or to shallower bedrock. Approximately 5 feet from the pit, dig a perc hole approximately 18-24 inches deep with a post hole digger – no more than 12" in diameter. The bottom of the perc hole should be at the depth of the proposed leaching system. Additional perc holes may be required depending on the pit data. Fill the perc hole with 12" of water a minimum of 2 hours before the Sanitarian arrives. Provide a 5-gallon bucket of water for each perc test.
3. Minimum 1 deep pit in primary and 1 pit in reserve. A perc in both the primary and reserve is required. More may be required based upon on-site determination.

Applicants Signature: _____ **Date:** _____

Office only:

Soil Test Date and Time _____

Fee \$ _____ **Paid by check #** _____ **Date** _____

Repair/B100 - \$75; Existing residential lot - \$100; New lot - \$200; Comm. repair - \$100; New - \$125