



# PLAINVILLE - SOUTHTON REGIONAL HEALTH DISTRICT

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ONE CENTRAL SQUARE  
PLAINVILLE, CT 06062



## Application for Soil Test and Site Investigation for Subsurface Sewage Disposal System

Date: \_\_\_\_\_ Reason (circle): New Lot ~ Repair Septic System ~ Subdivision ~ Code-Complying Area

Location address: \_\_\_\_\_

Number of Lots: \_\_\_\_\_ Subdivision Name: \_\_\_\_\_

Submit a map or plan indicating location of proposed test holes and sewage disposal areas.

Owner(s) Name(s): \_\_\_\_\_ Phone #: \_\_\_\_\_

Contractor Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Residential Building # of Bedrooms: \_\_\_\_\_ Submit a plot plan for a new building lot.

For Nonresidential Buildings, Residential Institutions or Restaurants submit all necessary information for determining the design flow.

I am authorized to request and allow the Health District to conduct a site investigation for subsurface sewage disposal system at the above location. Call Before You Dig has been or will be contacted and the site investigation appointment date complies with the legal start date for this location.

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_

FEE: \$100 / lot

.....  
*Below line and reverse side for Health District Use Only*

Date and Time of Appointment: \_\_\_\_\_ Fee Amount Paid: \_\_\_\_\_ Date: \_\_\_\_\_

Public sewers available? YES NO Public Sewer Availability Form date received: \_\_\_\_\_

If public sewers are available, was a waiver given? NO YES Date given: \_\_\_\_\_ (attach waiver)

System Design Requirements: \_\_\_\_\_

\_\_\_\_\_  
*More information on reverse side of this form*

Check all separation distances that apply to this location:

- Water supply well (potable, open loop geothermal, irrigation), spring or domestic water suction pipe
- Human habitation on adjacent property
- Building served
- Open watercourse
- Public water supply reservoir
- Surface or groundwater drain constructed of solid pipe
- Groundwater drains up gradient of system
- Groundwater drains down gradient of system
- Top of embankment
- Property line
- Potable water or irrigation lines under pressure
- Below ground swimming pool
- Above ground swimming pool
- Accessory structure
- Utility service trench
- Water treatment wastewater disposal system
- Closed loop geothermal system

Repair: Describe the existing system design and condition: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Lot and Soil Restrictions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Does MLSS apply to this location?   YES                      NO

Notes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Sanitarian performing site investigation: \_\_\_\_\_

Date of site investigation: \_\_\_\_\_