



## The Milford Health Department

82 New Haven Avenue ♦ Milford, CT 06460 ♦ 203-783-3285 ♦ Fax 203-783-3286

(Office Use Only)

Application #: \_\_\_\_\_

Date: \_\_\_\_\_

Fee: \_\_\_\_\_

### APPLICATION FOR SOIL TESTING OBSERVATION: NEW LOTS

The Milford Health Department requires that a staff member be present to witness soil testing when the result of such testing will necessitate a report or plan review. This includes but is not necessarily limited to land subdivisions and individual lots where septic systems will be utilized for sewage disposal.

In order to make an appointment with a Milford Health Dept. 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 Milford Health Dept. staff. It is the applicant's responsibility to secure the services of the engineer and any necessary equipment, such as a backhoe.

Applicant (please print): \_\_\_\_\_ Phone # \_\_\_\_\_

# of lots to be tested \_\_\_\_\_ x \$ 50.00 per lot = \_\_\_\_\_

Location \_\_\_\_\_  
(Street) (Town)

Assessor's Map: \_\_\_\_\_ Block: \_\_\_\_\_ Parcel: \_\_\_\_\_

Water Supply: ☐ Public Water ☐ Private Well

Include a boundary and topographic survey of property certified by a land surveyor registered in the State of Connecticut.

Has any previous application for the subdivision of this land been filed? ☐ Yes ☐ No

If Yes, give date of application: \_\_\_\_\_

Owner of Property: \_\_\_\_\_

As the owner or owner's representative, I certify that the Milford Health Department 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: \_\_\_\_\_

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Date request received \_\_\_\_\_

Project assigned to: \_\_\_\_\_

Date soil testing has been scheduled for: \_\_\_\_\_