

TOWN OF DURHAM
P.O. BOX 428
DURHAM, CONNECTICUT 06422

DEPARTMENT OF HEALTH

APPLICATION FOR SOIL TESTING OR SITE INVESTIGATION

Site Location: _____ Lot Size _____
Assessor's Map # _____ Lot # _____

Owner: _____ Address _____
Phone _____

Excavator _____ Address _____
Phone _____

Applicant _____ Address _____
Phone _____

This test is for _____ new sewage disposal system _____ repair/replacement system
_____ Section 19-13-B100a _____ residential ___ commercial/industrial

Signature of Applicant _____ Date _____

If the applicant is other than the property owner, the owner must sign below:

I am aware that this application is being submitted to the Health Department of the Town of Durham, and hereby authorize the applicant and the Town of Durham to conduct the necessary site investigation for a subsurface sewage disposal system.

Signature of Owner _____ Date _____

Fees

- \$125.00 per lot for the testing of new areas
- \$ 75.00 per lot for all retesting and for investigations of existing Subsurface sewage disposal systems.

APPLICANT/OWNER MUST PROVIDE ALL LABOR, MATERIALS AND EQUIPMENT.