TOWN OF DURHAM

Department of Health
P.O. Box 428
30 Town House Road
Durham, CT 06422

APPLICATION FOR SOIL TEST OR SITE INVESTIGATION

Site location:_____Lot size:_____
Street 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:

$150.00 per lot for the testing of new areas.
$100.00 per lot for all retesting and for investigations of existing subsurface sewage disposal systems.

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