**Trumbull Health Department**
**335 White Plains Road, Trumbull, CT 06611**
**Phone (203) 452-1030 - Fax (203) 452-1050**

DATE RECEIVED_____

# APPLICATION FOR SOIL TEST

B100a ☐ New ☐ Subdivision ☐ Repair ☐

Residential ($165 per Lot) ☐
Commercial ($175 per lot less than 2,000 gallons per day) ☐
Commercial ($350 per lot greater than 2,000 gallons per day) ☐

ARE THERE ANY WETLANDS ON THIS PIECE OF PROPERTY? YES NO

NAME OF SUBDIVISION_____ LOT#_____

LOCATION_____ (Trumbull, CT)

OWNER _____PHONE_____

CELL _____

ADDRESS_____

APPLICANT _____PHONE_____

(If different than owner) CELL _____

ADDRESS _____

SEPTIC INSTALLER_____PHONE_____

CELL_____

ADDRESS_____

ENGINEER_____PHONE_____

CELL _____

ADDRESS _____

**A COPY OF PLOT PLAN MUST ACCOMPANY THIS APPLICATION**
**ASBUILTS WILL BE REQUIRED AT FINAL INSPECTIONS**

For Office Use Only
Assigned to:_____ Date_____
Sanitarian