



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 (\$200 per lot) ☐

Commercial (\$300 per lot) ☐

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