Ledge Light Health District

App No._____
Check No._____
Receipt No. _____

REVIEW FEE: $150.00 per lot
Make check to LLHD or pay online at www.LLHD.org rev 4/30/17

Promoting healthy communities

Soils Testing Application

Notes:

1. ***If available, please provide a site plan of the property to be tested.***
2. ***Please have a post hole digger and water on site for perc testing.***
3. ***A transit level/laser may be needed for determining the ground elevation at test holes.***

Date: _____ Property Address: _____ Town: _____

Applicant Name: _____ Phone: _____

Email: _____

Applicant Address (if different from above):_____

Septic Installer or Engineer Name: _____ Phone: _____

Email:_____

Property Water Supply: ☐ Well (s) ☐ Public Water ☐ Both

Reason for soil testing:
☐ Septic Repair
☐ New Septic System (undeveloped single lot)
☐ Subdivision (creation of more than one lot). Number of lots: _____

Additional Information:

_____

_____

_____

Signed: _____

Assigned to: _____ Title: _____

Soil Testing Date: _____ Time:_____

Date Received: _____

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