

**WESTPORT WESTON HEALTH DISTRICT**  
**APPLICATION FOR TEST HOLES & PERCOLATION TESTS**

**A-2 Survey Required  
with Application**  
(Includes 4 test holes  
and 2 percs).

Fee is Non-Refundable  New building lot....\$175  Septic alteration....\$175  Building addition/  
 New construction..\$175  Septic repair .....\$125 Feasibility (B-100A) ..\$175

**Location:** \_\_\_\_\_  Westport  Weston

**Owner:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Excavator  Installer: \_\_\_\_\_ **Tel** (\_\_\_\_\_) \_\_\_\_\_

**Subdivision Name:** \_\_\_\_\_ **Lot No.:** \_\_\_\_\_ **Lot Area:** \_\_\_\_\_

**Testing Witness:** \_\_\_\_\_ **RESID.**  **No. Bedrooms:** \_\_\_\_\_ **NON-RESID:**  **Type:** \_\_\_\_\_

Depth (In.)	1	2	3	4	5
0					
12					
24					
36					
48					
60					
72					
84					
96					
108					
120					
132					
144					

Mottling					
Water					
Ledge					
Restrictive Layer					

**Approx. Slope of Tested Area:** \_\_\_\_\_ **General Conditions:** \_\_\_\_\_

**Sanitarian:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**WESTPORT WESTON HEALTH DISTRICT**

180 Bayberry Lane, Westport, CT 06880-2855

Telephone: (203) 227-9571

**SOIL PERCOLATION TEST**

Location: \_\_\_\_\_  Westport  Weston

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Test Hole No.: \_\_\_\_\_ Depth: \_\_\_\_\_

Presoaked - Date _____ Time _____		
Time	Reading	Rate

Test Hole No.: \_\_\_\_\_ Depth: \_\_\_\_\_

Presoaked - Date _____ Time _____		
Time	Reading	Rate

Test Hole No.: \_\_\_\_\_ Depth: \_\_\_\_\_

Presoaked - Date _____ Time _____		
Time	Reading	Rate

Test Hole No.: \_\_\_\_\_ Depth: \_\_\_\_\_

Presoaked - Date _____ Time _____		
Time	Reading	Rate

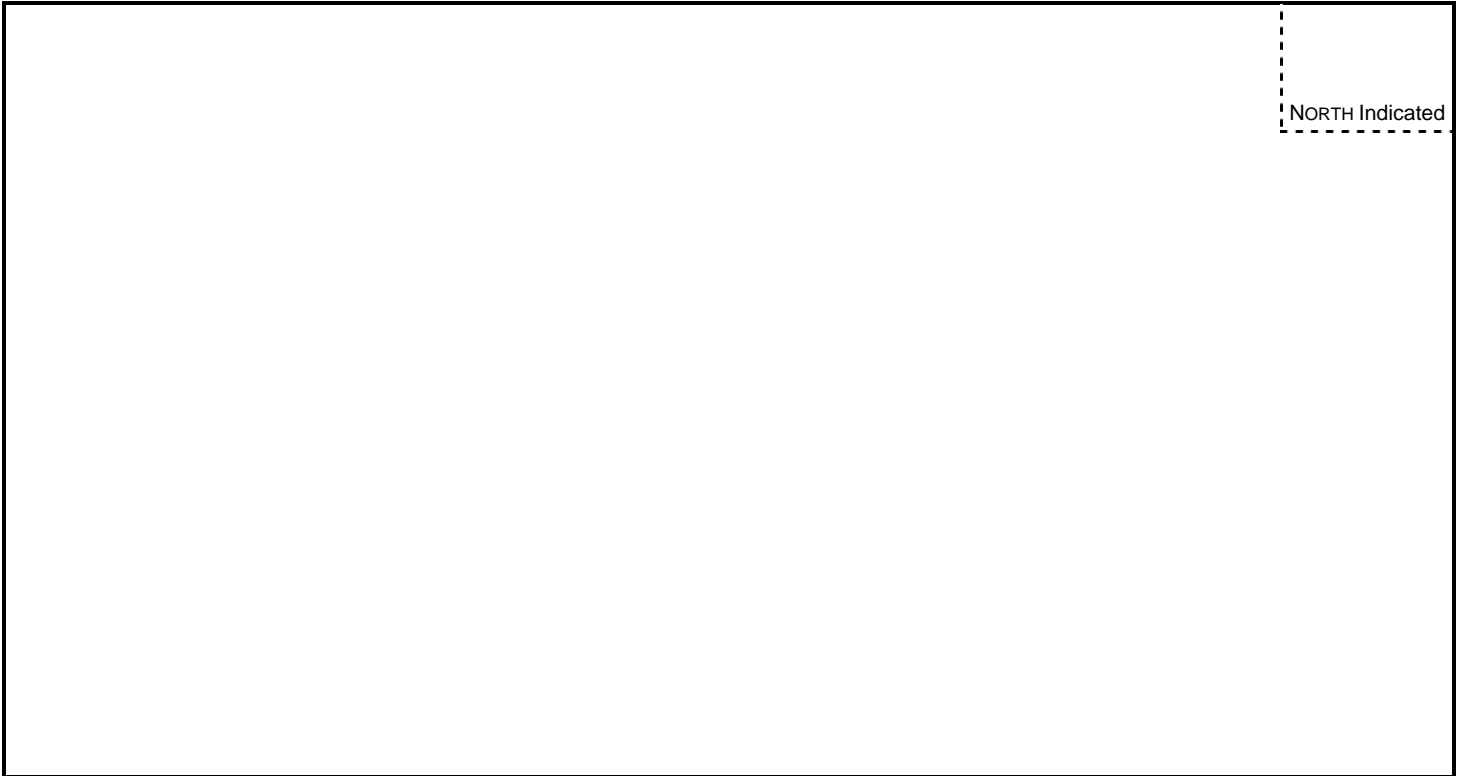
Test Hole No.: \_\_\_\_\_ Depth: \_\_\_\_\_

Presoaked - Date _____ Time _____		
Time	Reading	Rate

Test Hole No.: \_\_\_\_\_ Depth: \_\_\_\_\_

Presoaked - Date _____ Time _____		
Time	Reading	Rate

Findings: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Sanitarian: \_\_\_\_\_ Date: \_\_\_\_\_