

WESTPORT WESTON HEALTH DISTRICT
APPLICATION FOR TEST HOLES & PERCOLATION TESTS

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

Fee is Non-Refundable New building lot....\$265 Septic repair\$265 Building addition/
 New construction..\$265 Feasibility (B-100A) ..\$265

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: _____

NORTH Indicated

Sanitarian: _____ Date: _____