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