



Kevin A. Elak, MPH  
Director of Health

City of Middletown  
Department of Health  
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Middletown, CT 06457  
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**FEE: \$100/LOT**

**APPLICATION FOR SOIL TESTING**

**Property Owner:** \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Property Address: \_\_\_\_\_, Middletown CT 06457  
*Lot # Street Name*

**Purpose for Soil Testing** *(Check the applicable):*

New SSDS  Subdivision/ Size & Number of lots: \_\_\_\_\_  Repair  B100A

Water Source:  Private Well  City Water

**Engineer** *(If required):* \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**License Septic Installer:** \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

*Permission is hereby granted to the Middletown Health Department to enter onto the property along with your representative responsible for conducting soil testing on the property listed above. The information on this application is, to the best of my knowledge, true and correct.*

Applicant: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\***For Office Use Only**\*\*\*\*\*

**Date Received:** \_\_\_\_\_

**District Assigned: 1 2 3**

**Reviewed By:** \_\_\_\_\_

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

**Fee Paid (\$100 per Lot): \$** \_\_\_\_\_

**Check #:** \_\_\_\_\_  **Cash**