



# Town of Wallingford Health Department

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Director of Health:  
Vanessa Bautista,  
MPH, R.S.

## Application for Site Inspection for Subsurface Sewage Disposal System

Address / Map Block Lot #: \_\_\_\_\_

Property Owner Name: \_\_\_\_\_

Owner Phone: \_\_\_\_\_ Owner E-mail: \_\_\_\_\_

Authorized Agent (Installer/Engineer): \_\_\_\_\_

Agent Phone: \_\_\_\_\_ Agent E-mail: \_\_\_\_\_

*I, as the property owner or authorized agent, grant permission for a representative of the Wallingford Health Department (WHD) to perform a site inspection (including soil testing) on the above-named property to facilitate the planning and construction of a subsurface sewage disposal system on the premises.*

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

Printed Name: \_\_\_\_\_

### Soil Testing

**DISCLAIMER:** Soil testing locations (test pits) are the responsibility of the licensed septic installer or system design engineer. Contact the WHD for any pertinent information on file, and use Call Before You Dig by dialing 811.

#### Minimum Required Deep Test Pits:

- 1 pit at the proposed primary location at depth  $\geq$  4 feet below the proposed bottom of the system
- 1 pit at 25 feet down-grade of the proposed primary location
- 1 pit at the proposed reserve area (as applicable)

#### Minimum Required Perc Tests:

- 1 at the proposed primary location at depth representative of proposed plan in naturally occurring soil (not fill)
- 1 at the proposed reserve area (as applicable)

#### Reason for Soil Testing

New Construction                       Subdivision                      (Number of Lots Proposed) \_\_\_\_\_

Repair     Additional Site Visit Needed

Water Treatment Waste Water (please briefly describe): \_\_\_\_\_

B100a Change-of-Use / Addition (please briefly describe changes): \_\_\_\_\_

**Basic Property Details**

**Water Service**

Public Water Supply    or     Private Well

Water Treatment Device (if any) with brief description of device type & discharge volume: \_\_\_\_\_

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**Residential Property Details**

Single Family                       Multi Family                      Total Number of Bedrooms: \_\_\_\_\_

Garbage Disposal                       Large Tub (100+ gallons)

Accessory Structures (pool house, garage, shed, etc.): \_\_\_\_\_

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**Commercial Property Details**

Briefly describe how this property will be used (industrial, office, restaurant, store, etc.): \_\_\_\_\_

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**Additional Information**

