



Health and Sanitation Department
TOWN OF NEW FAIRFIELD
4 Brush Hill Road
New Fairfield, CT 06812-2665
(203) 312-5640 (203) 312-5608
health@NewFairfield.org

OFFICE USE ONLY	
Date Paid:	_____
Check #:	_____
Date of Test:	_____

Application for Soil Testing

\$100 Soil Test Fee (per lot). Make checks payable to: **Town of New Fairfield**

This form must be completed and submitted with payment before soil testing will be scheduled.

Street Address of Testing

Map

Block

Lot

Owner's Name

Owner's Phone

Owner's Address

City

State

Zip

Septic Installer's Name

Septic Installer's Phone

License #

Septic Installer's Address

City

State

Zip

Engineer's Name

Engineer's Phone

License #

Engineer's Address

City

State

Zip

Contact Phone Number to schedule soil testing: _____

Reason for soil testing:

New Construction

Septic Repair

B-100a Reserve

Signature of Applicant (Owner or Authorized Agent)

Date