



TOWN OF CROMWELL
HEALTH DEPARTMENT
41 WEST STREET
CROMWELL, CT 06416

SOIL TESTING APPLICATION

Site to be tested _____ Map _____ Block _____ Lot _____

Owner's Name _____ Address _____ Phone _____

Applicant's Name _____ Address _____ Phone _____

Email Address _____

Has applicant received permission from owner to test the property? _____

Engineer's Name _____ Excavator's Name _____

Number of Proposed Lots _____ Fee \$120.00 per lot _____

Draw a diagram of closest intersections to proposed lots:

Fee Paid _____

Signature of Applicant _____ Date _____

Cromwell Health Dept. _____ Date _____