

Town of Ridgefield  
Department of Health  
Town Hall Annex  
66 Prospect Street  
Ridgefield, CT 06877



**Application for Soil Testing**

Fee: \$100.00

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

Location of Testing: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Type of Building: \_\_\_Residence \_\_\_ Commercial Office/Retail \_\_\_ Restaurant \_\_\_Accessory Building

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

E-Mail Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Applicant is: Homeowner\_\_\_ Engineer: \_\_\_\_\_ Septic Installer: \_\_\_\_\_ Builder/Contractor: \_\_\_\_\_

Reason for Soil Testing: \_\_\_\_\_

If proposing a Subdivision \_\_\_\_\_ # of lots

Lot Area:\_\_\_\_\_ Age of Structure \_\_\_\_\_ Water Supply: \_\_\_ Well \_\_\_ Community Well \_\_\_Public Water

Number of Bedrooms: \_\_\_ Existing \_\_\_ Proposed \_\_\_Total

Existing Septic Tank Size: \_\_\_\_\_ gallons Ex. Pump Chamber Size: \_\_\_\_\_

Existing type of Absorption Treatment:  
Trenches\_\_\_ Drywells\_\_\_ Gallery\_\_\_ Bed\_\_\_ Other\_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Phone # \_\_\_\_\_

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For subdivision testing, a map of the property must be submitted with the application. A **minimum** of 6 deep test holes per lot (three in primary, three in reserve- make sure you have down gradient holes) and two percolation test holes (one primary, one reserve) are required. Deep test holes should be spaced adequately apart for proposed size of septic system. If a property has an existing house and a proposal is made to change existing property lines to create a new lot or lots, a reserve septic area must be validated. This will require a **minimum** of four deep test holes (spaced adequately apart) and two percolation tests per lot.