



Joseph P. Ganim
Mayor

City of Bridgeport

Department of Health & Social Services Environmental Health

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APPLICATION FOR SEPTIC SYSTEM SOIL TESTING

FEE: \$100

CHECK#: _____

RECEIVED BY: _____ **DATE:** _____

Applicant's Name: _____ Phone# _____

Site Address: _____
House# _____ Street _____ Lot#(if applicable) _____

Engineer: _____
Name _____ Address _____ Phone _____

Property Owner: _____
Name _____ Address _____ Phone _____

Date(s) and Time(s) Requested: _____ Scheduled By: _____

Applicant's Signature: _____ Sanitarian's Signature: _____

____ (Please Initial) I understand that a Professional Engineer (P.E.), licensed in the State of Connecticut must perform and/or oversee all testing, design, construction, and post construction mapping. A sanitarian from Bridgeport Health Department must witness and concur with all findings and submittals. This permit is limited to soil sampling collected from Deep Test Pits and Percolation Holes. A separate Permit to Construct must be obtained prior to the start of construction.

Site Plan

Address: _____ Date: _____

Deep Test Pit Data

Test Pit:	Test Pit:	Test Pit:	Test Pit:
Mottles:	Mottles:	Mottles:	Mottles:
GW:	GW:	GW:	GW:
Ledge:	Ledge:	Ledge:	Ledge:
Restrictive:	Restrictive:	Restrictive:	Restrictive:

Percolation Test Data

Perc: _____ **Perc:** _____ **Perc:** _____ **Perc:** _____

Depth:		Depth:		Depth:		Depth:	
Presoak:		Presoak:		Presoak:		Presoak:	
Time	Reading	Time	Reading	Time	Reading	Time	Reading
Perc Rate:		Perc Rate:		Perc Rate:		Perc Rate:	