



APP #	
PERMIT #	

TOWN OF GUILFORD HEALTH DEPARTMENT
APPLICATION FOR SITE INVESTIGATION/ SOIL TESTING

Location: _____ **Map:** _____ **Lot:** _____ **UID#** _____

Property Owner _____ **Owner's Phone:** _____

Property Owner Address: _____

Applicant: _____ **License #** _____ **CID #** _____

Applicant's Address: _____

Phone: _____ **Cell:** _____ **Email:** _____

Date: _____ **DEEP TEST PITS DATA/SOIL DESCRIPTIONS**

TEST PIT:		TEST PIT:		TEST PIT:		TEST PIT:	
Mottles:	GW:	Mottles:	GW:	Mottles:	GW:	Mottles:	GW:
Ledge:	Roots:	Ledge:	Roots:	Ledge:	Roots:	Ledge:	Roots:
Restrictive:		Restrictive:		Restrictive:		Restrictive:	

GROUNDWATER TABLE (near max., below max., etc.) _____

SOIL MOISTURE (High, medium, low, etc.) _____

DATE: _____ **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:	

SITE INVESTIGATION FOR A SUBSURFACE SEWAGE DISPOSAL SYSTEM



LOCATION DRAWING INCLUDING ALL TEST PITS AND PERCOLATION HOLES

SPECIAL CONDITIONS		CONCLUSIONS	
Design Flow > 2000 GPD		Suitable for Sewage Disposal	
Public Water Supply Watershed		Unsuitable for Sewage Disposal	
Probable High Groundwater		Additional Investigation Req'd	
Slope > 25 percent		West Season Monitoring Req'd	
Perc Rate < 1 min/inch		Retest During Wet Season	
Perc Rate > 30 min/inch		Professional Engineer Plan Required	
Ledge < 5 feet below grade		Other:	
Limited Suitable Area			
Open Watercourse or Wetland			
Flood Plain / Seasonal Flooding			
Max. G.W. < 36 inches below grade			

DESIGN RECOMMENDATIONS/COMMENTS

Form completed by: _____
 (Director of Health/Sanitarian)

Witnessed by: _____

Signature: _____ Owner Agent Date Signed: _____