



APP #	
PERMIT #	

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

**Location:** \_\_\_\_\_ **Map:** \_\_\_\_\_ **Lot:** \_\_\_\_\_ **UID#** \_\_\_\_\_

**Property Owner & Address:** \_\_\_\_\_ **Owner's Phone:** \_\_\_\_\_

**Installer:** \_\_\_\_\_ **License #** \_\_\_\_\_ **CID #** \_\_\_\_\_

**Installer'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**

<b>SPECIAL CONDITIONS</b>		<b>CONCLUSIONS</b>	
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**

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Form completed by: \_\_\_\_\_  
 (Director of Health/Sanitarian)

Witnessed by: \_\_\_\_\_

Signature: \_\_\_\_\_ Owner  Agent  Date Signed: \_\_\_\_\_