



**Joseph P. Ganim**  
Mayor

*City of Bridgeport*  
**Department of Health & Social Services**  
**Environmental Health**

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**Dr. Elizabeth Rivera-Rodriguez, DNP, MPH, MSN, RN**  
Director of Health & Social Services

**Sumit Sharma, MPH, MDiv.**  
Deputy Director of Health & Social Services

**Audrey M. Gaines, BS**  
Deputy Enforcement Officer

**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:	