

Appointment Time	Appointment Tim	me
REQUEST FOR LOT TESTIN	NG MUST BE SUBMITTED BETY	WEEN JAN. 1- MARCH 31 ONLY
Type of Testing New Lot Retest of New Lot Retest (>30 min/in add \$110) Upgrade Failed System Increase Flow/Use 	\$550.00/site up to 999 gpd Consult Fee Schedule for Larger Systems There is a 15% processing charge on all refunds	
Town	Assessor's Map #	Parcel #
Streat L agation	i	I of#
Directions to Property		
THUS APPLICATIO	N MUST BE ACCOMPANIED BY	A PLAN OF THE LOT
NewExistingImage: Described background backgr	of Bedrooms Wat of Employees Squ	ter Supply 🗖 Public 🗖 Well
If yes, please give dates, and by	rty been surveyed? 🛛 yes 🔲 no 🏻 P whom	-
Owner's Name Address		Telephone
Email		
Applicant's Name(must be own Address	er or prospective owner)	Telephone
Daytime Telephone Number		Residence

accompanying lot testing information sheet.

Date

Signature of Applicant_