



Central Office: 505 Silas Deane Highway, Wethersfield, CT 06109 Phone (860) 721-2822 Fax (860) 721-2823  
 Berlin: 240 Kensington Road, Berlin, CT 06037 Phone (860) 828-7017 Fax (860) 828-9248  
 Newington: 131 Cedar Street, Newington, CT 06111 Phone (860) 665-8586 Fax (860) 665-8533  
 Rocky Hill: 761 Old Main Street, Rocky Hill, CT 06067 Phone (860) 258-2770 Fax (860) 258-2767  
 www.ccthd.org

### Application for Soil Testing / Addition Review

Owner of Property \_\_\_\_\_

Owner Address \_\_\_\_\_

Owner Telephone \_\_\_\_\_

Testing Location: \_\_\_\_\_

Testing with:

Engineer \_\_\_\_\_

Address \_\_\_\_\_ phone \_\_\_\_\_

Excavator \_\_\_\_\_

Address \_\_\_\_\_ phone \_\_\_\_\_

- Reason for Testing:
- |  |  |
|--|--|
| <input type="checkbox"/> New Septic System     | <input type="checkbox"/> Septic System Repair      |
| <input type="checkbox"/> New Lot               | <input type="checkbox"/> Design Confirmation       |
| <input type="checkbox"/> Addition\B100a Review | <input type="checkbox"/> Additional Soil Testing * |

Fees:

- |   |          |       |
|---|----------|-------|
| <input type="checkbox"/> Plan Review + Permit to Install-New    | \$375.00 | _____ |
| <input type="checkbox"/> Soil Testing - New                     | \$175.00 | _____ |
| <input type="checkbox"/> Plan Review + Permit to Install-Repair | \$175.00 | _____ |
| <input type="checkbox"/> Soil Testing-repair or B100a Review    | \$150.00 | _____ |
| <input type="checkbox"/> B100a Review                           | \$75.00  | _____ |
| <input type="checkbox"/> Subdivision Plan Review                | \$180.00 | _____ |
| <input type="checkbox"/> Additional Soil Testing                | \$175.00 | _____ |

TOTAL DUE \_\_\_\_\_

\_\_\_\_\_  
Signature of Health District Representative

\_\_\_\_\_  
Date