



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: New Septic System Septic System Repair
 New Lot Design Confirmation
 Addition\B100a Review Additional Soil Testing *

Fees: Soil Testing—New	\$135.00	_____
Soil Testing—Repair	\$110.00	_____
Soil Testing—Addition	\$110.00	_____
Soil Testing—Additional Soil Testing*	\$135.00	_____
Addition\B100a Review	\$55.00	_____
TOTAL DUE		_____

* applies when design changes or 2+ years since initial testing or another round of testing on another day.

Signature of Health District Representative

Date