



2080 Silas Deane Highway, Suite 100, Rocky Hill, CT 06067

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[www.ccthd.org](http://www.ccthd.org)

PUBLIC HEALTH for BERLIN, NEWINGTON, ROCKY HILL, & WETHERSFIELD

### 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    | \$425.00 | _____ |
| <input type="checkbox"/> Soil Testing - New                     | \$215.00 | _____ |
| <input type="checkbox"/> Plan Review + Permit to Install-Repair | \$185.00 | _____ |
| <input type="checkbox"/> Soil Testing-repair or B100a Review    | \$160.00 | _____ |
| <input type="checkbox"/> B100a Review                           | \$80.00  | _____ |
| <input type="checkbox"/> Subdivision Plan Review                | \$215.00 | _____ |
| <input type="checkbox"/> Additional Soil Testing                | \$215.00 | _____ |

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

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

\_\_\_\_\_  
Date