



SOUTH CENTRAL HEALTH DISTRICT

196 North Main St.
Southington, CT 06489
860.276.6275 | schd-ct.org

Application for Soil Test and Site Investigation for SSDS

Application Date _____

Fee _____

Indicate type ☐ Subdivision ☐ New Lot ☐ Repair Septic System ☐ B100a

☐ Residential Building - # of Bedrooms _____

☐ Commercial Buildings - GPD _____

☐ Subdivision # of lots _____ Submit preliminary subdivision plan

Address _____ Town _____

Property Owner

Name _____

Address _____ Town _____

Phone _____ Email _____

Contractor

Name _____

Address _____ Town _____

Phone _____ Email _____

I am authorized to request and allow the Health District to conduct a site investigation for subsurface sewage disposal system at the above location. Call Before You Dig has been or will be contacted and the site investigation appointment date complies with the legal start date for this location.

Property Owner/Authorized Agent (sign & print)

Date

FOR DISTRICT USE ONLY

Sanitarian Assigned _____

Total fees paid \$ _____ ☐ Cash ☐ Check # _____ Fee Code(s) _____

Date _____ ☐ Money Order