TORRINGTON AREA HEALTH DISTRICT

350 Main Street ♦ Suite A ♦ Torrington, Connecticut 06790
Phone (860) 489-0436 ♦ Fax (860) 496-8243 ♦ E-mail info@tahd.org ♦ Web www.tahd.org

"Promoting Health & Preventing Disease Since 1967"

Application for Soil Testing

Soil Test Fee: 150.00 Per Proposed Lot Payable At The Time Of Application

Location Of Testing _____ (St #) _____ (Lot #) _____ (Street Name)

Town _____ Sub Division _____ # Of Lots _____

OWNER INFORMATION

Owner _____

Owner Address _____

Owner Town _____ ST CT Zip _____

Owner Phone # _____

ENGINEER INFORMATION

Engineer _____

Engineer Address _____

Engineer Town _____ ST CT Zip _____

Engineer Phone # _____

Below, For Health District Use ONLY

Approving Sanitarian _____

SSDS Installer _____

Installer Phone # _____

Reason for Test ☐ New Septic System ☐ Dep ☐ Repair ☐ Other

Test Fee Paid _____ Date Test Fee Paid _____

TAHD Is An Equal Opportunity Provider

REV. 2026-04-08