



Soil Test Request Form

**DO NOT FAX REQUEST FORMS**

**GLOUCESTER COUNTY DEPARTMENT OF HEALTH & SENIOR SERVICES**  
**Environmental Health**  
**204 E. Holly Avenue**  
**Sewell, New Jersey 08080**  
**(856) 218-4180**

Engineering Company \_\_\_\_\_ Phone # \_\_\_\_\_

Mailing Address \_\_\_\_\_

Municipality \_\_\_\_\_ Block # \_\_\_\_\_ Lot # \_\_\_\_\_

Property Location \_\_\_\_\_

Date to be Performed \_\_\_\_\_ Time \_\_\_\_\_

Owner's Name \_\_\_\_\_

One-Call Confirmation Number (Dig Number) \_\_\_\_\_

Testing to be performed (Please check)

\_\_\_\_\_ Soil profile pits

\_\_\_\_\_ Percolation testing

\_\_\_\_\_ Soil borings

\_\_\_\_\_ Permeability testing

\_\_\_\_\_ Other (please specify) \_\_\_\_\_

U.S. Department of Agriculture Soil Survey Page Number \_\_\_\_\_

Attach a copy of the U.S. Department of Agriculture Soil Survey with the property in question  
**CLEARLY OUTLINED.**

Notification must be submitted seven (7) days in advanced of scheduled date.

One complete application is required for each proposed system. All of the above information is required. Make copies of this form for future submissions.

**OFFICE USE ONLY**

Gloucester County Department of Health & Senior Services \_\_\_\_\_ will \_\_\_\_\_ will not witness.

Notified engineer (date) \_\_\_\_\_