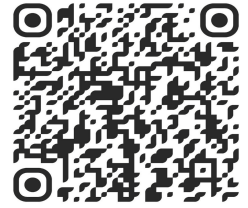




Soil Test Request Form

Submit Requests to:



GLOUCESTER COUNTY DEPARTMENT OF HEALTH
204 E. Holly Avenue
Sewell, New Jersey 08080
(856) 218-4170

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.

Attach a copy of the NJDEP Geo-web wetlands delineation with any wetlands or transitional areas CLEARLY OUTLINED.

Notification must be submitted seven (7) days in advance of scheduled date to provide GCHD or CME the opportunity to witness the pits, at their discretion.

If the pits are to be witnessed, GCHD or CME will contact your firm via the submission email of the request to witness.

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