



BOARD OF HEALTH CHESTER BOROUGH

APPLICATION TO PERFORM SOIL CHARACTERISTICS TEST

DATE _____ BLOCK _____ LOT _____

OWNER _____

PHONE Home _____ Business _____ Fax _____

ADDRESS _____

IF SUBDIVISION LIST NAME _____

NUMBER OF BUILDING LOTS _____

PROPOSED DATE OF TESTS _____

LIC. ENGINEER PERFORMING TESTS _____

PHONE _____

ADDRESS _____

NOTE: The health Dept. requires at least 24 hours notice of a percolation or soil log test. Tests must be performed on weekdays. Please call Bernards Twp. Health Dept. at 908-204-3071 to set up inspection time.

Signature of Applicant

Date