



# 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