

Lawrence Township Health Department  
2207 Lawrenceville Road  
Lawrenceville, New Jersey 08648  
Telephone : (609) 844-7089  
Facsimile : (609) 896-0412

SOIL TEST APPLICATION

Owner \_\_\_\_\_

Owner's Address \_\_\_\_\_ Phone number \_\_\_\_\_

Property Address \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

Person requesting witnessing dates \_\_\_\_\_ Phone number \_\_\_\_\_

Engineer \_\_\_\_\_ Phone number \_\_\_\_\_

Excavator \_\_\_\_\_ Phone number \_\_\_\_\_

Dates Requested \_\_\_\_\_

- A check for witnessing fee shall be submitted to the Lawrence Township Finance Department, 2207 Lawrenceville Road, Lawrenceville, N.J. 08648 prior to the start date of soil tests.
- Check memo shall list block/lot and reference soil tests.
- Wetlands shall be identified on lot prior to soil tests.
- N.J. One Call shall be called a minimum of seventy-two hours prior to start date. Failure to have utility mark out completed will result in cancellation of soil tests. 1-800-272-1000
- Written soil test results signed and sealed by Professional Engineer shall be submitted to the health department within one week of test completion.

\_\_\_\_\_  
Signature of Applicant Date

FOR OFFICE USE ONLY

Witnessing Fee \$360.00

Date Submitted \_\_\_\_\_

Date Approved \_\_\_\_\_

Job Number \_\_\_\_\_