



**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 Manager's Office, 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: **\$450.00**

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

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

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