

Fee: \$250.00 Must be made Payable to HVHD

PLEASE PRINT - All Applications Must Be Complete For Proper Processing

Location of Te	esting:			
	Lot & Street		Town	State
Zip Code				
Owner of property:Phone				
Testing by:	Engineer Name:		Phone #	
	Mailing Address:			
	Excavator Name:		Phone #	
	Mailing Address:			
Soil testing is for: New Construction: Repair: B100a:				
 Requirements Prior to Sanitarian Visiting Site: Deep holes must be dug. Perc holes must be dug and soaked for a minimum of one hour. Application & payment to be made at the office prior to soil test date. All requests for soil testing must be accompanied by a plot plan of the property. Name of Applicant/Agent:				
Organization Name : Phone#				
Email:				
Signature of Applicant or Agent: Date:				
OFFICE USE ONLY				
Check#	Date Paid	\$ Amount	Rec'd by	

ALL APPLICATION FEES ARE NON-REFUNDABLE