



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: _____