



**TOWNSHIP OF BRIDGEWATER HEALTH DIVISION  
100 COMMONS WAY  
BRIDGEWATER, NEW JERSEY, 08807  
PHONE: 908-725-6300 EXT. 5210 OR 5205**

**APPLICATION TO PERFORM SOIL CHARACTERISTICS TEST  
PLEASE PRINT:**

**BLOCK:** \_\_\_\_\_

**LOT:** \_\_\_\_\_

**PROPERTY ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_

**APPLICANT NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_

**STATE:** \_\_\_\_\_

**ZIP:** \_\_\_\_\_

**CELL#** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**LICENSED ENGINEER:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**PROPOSED TEST DATES:** \_\_\_\_\_

**SUBDIVISION: YES / NO**

**NOTE: THE HEALTH DIVISION REQUIRES AT LEAST 48 HOURS NOTICE FOR THE WITNESSING OF A SOIL LOG.**

**FEE: \$100 PER PROPOSED DISPOSAL FIELD.**

**\*CHECKS MADE PAYABLE TO TOWNSHIP OF BRIDGEWATER\***

**TOTAL AMOUNT PAID: \$** \_\_\_\_\_

**SIGNATURE OF APPLICANT** \_\_\_\_\_

**DATE** \_\_\_\_\_

**FOR OFFICE USE ONLY:**

**DATA RECEIVED:** \_\_\_\_\_ **FOR OF PAYMENT: CASH** \_\_\_\_\_ **CHECK#** \_\_\_\_\_

**RECEIVED BY:** \_\_\_\_\_