



APPLICATION FOR SEPTIC SOIL TESTING

61 Church Road
Milford, New Jersey 08848
Phone (908) 995-4847 ext 210
Fax (908) 995-7112
www.hollandtownshipnj.gov

FEE: \$250.00 PER LOT PAYABLE AT THE TIME OF APPLICATION

FOR TOWNSHIP USE ONLY

RECEIVED \$ _____ CASH CHECK NUMBER _____

RECEIPT NO. _____ DATE _____ INITIALS _____

COMPLETED IN ONE DAY ADDITIONAL _____ DAY(S) REQUIRED

DATE: _____

Perc Test

Soil Log

Basic Flood Test

NAME OF OWNER _____

ADDRESS OF OWNER _____

NAME OF PERSON ORDERING TEST _____

LOCATION OF PROPOSED SUBDIVISION OR EXISTING DWELLING

BLOCK NO. _____ LOT NO. _____ TEL. NO.: _____

NUMBER OF LOTS TO BE TESTED _____

NAME OF ENGINEERING COMPANY PERFORMING TESTS

ADDRESS OF ENGINEERING COMPANY _____

AMOUNT ENCLOSED (\$250.00 per lot) \$ _____ cash check

APPLICANT SIGNATURE _____

ADDRESS _____

PERC TEST WITNESS STEVEN UNDERHILL
908-646-4456

A receipt will be issued for each lot. This Receipt must accompany the Septic Design for each tested and approved lot submitted to the Hunterdon County Health Department.