

SANDYSTON TOWNSHIP BOARD OF HEALTH

133 Route 645, Sandyston, NJ 07826

Phone: 973-948-3520 ext. 205

Fax: 973-948-0783

Application for Observation, Inspection and Recording of a Soil Log

Fee: \$25.00 Application/\$5.00 Each Hole*

This application and supporting documentation shall be filed with the Secretary of the Board of Health, pursuant to the Township's Ordinance Code Book, Chapter 126 - Sewage Disposal Systems. Approval of this application is contingent upon its completeness and accuracy.

1. Block _____ Lot _____ Property Address _____

2. Engineer &/or Septic Contractor: _____

3. Applicant: (Name, Mailing Address & Phone Number): _____

4. Name and Address of Applicant if Different From Above: _____

5. Location of Proposed Excavation upon Property: _____

A. Plan or Detailed Description: _____

B. Depth of Excavation: _____

C. Purpose of Excavation: _____

D. Time Excavation Shall Remain Open & Unfilled: _____

E. Number of Soil Logs Requested: _____

6. Provisions For Covering Excavation For Periods Of Time That Excavation Shall Be Unattended:

7. Letter from Owner Granting Permission to the Applicant If NOT Owner:

Attached ___ Not Necessary ___ Applicant Signature: _____

*Please make check payable to Sandyston Township or provide exact amount cash.

(For office use only)

Permit # _____ Date Filed _____ Payment Received By _____