Application for Perform SOIL Characteristics Test

Please submit payment payable to the municipality in which the property resides and mail to the Health Department address noted below. Bernards Township Bernardsville Borough Peapack and Gladstone Borough Date _____ Block _____Lot ____ Street Address Owner/Applicant_____ Address _______ Mailing Address Phone_____ Email Licensed Engineer Performing Tests_____ Address Phone _____ Email Contractor Note: The Bernards Township Health Department requires notice of at least 24 hours for a percolation or soil log test. Tests must be performed on weekdays.



Applicant's Name_____Signature____

262 South Finley Avenue Basking Ridge, NJ 07920 P. 908.204.2520 F. 908.204.3075 www.bernardshealth.org