

SOIL PERCOLATION TEST Appointment Form

| Today's date: | Number: |
|---|--|
| New construction: | Repair: |
| Location: | |
| | |
| Applicant's telephone number: | |
| E-mail address: | |
| | |
| Applicant's signature: | |
| Engineer's signature: | |
| Soil evaluator license # | |
| There is a \$220.00 fee for each soil perc | colation test (deephole and/or soil test). |
| This permit is NOT transferable without Services. | t prior approval of the Department of Inspectional |