

STILLWATER TOWNSHIP BOARD OF HEALTH
964 STILLWATER ROAD
NEWTON, NJ 07860
973-383-9484 EXT. 5 FAX: 973-383-8059

Application for Inspection of Soil Logs

APPLICATION NO: _____ FILED: _____ BY: _____

This application and supporting documentation must be filed with the Board of Health pursuant to Ordinance BH 91-19, Section BH-I-3.2 (j). Approval of this application is contingent upon its continued completeness and accuracy.

BLOCK _____

LOT _____

1. Applicant Name, Address and Phone:

2. Engineer & Septic Contractor _____

3. Owner's Name and Address (If different than above)

4. Street Address/Location of property: _____

a. Time Excavation shall remain open and unfilled: _____

b. Number of Soil Logs Requested: (\$50.00 per log) _____

5. Provisions for covering excavation for periods of time that excavation shall be unattended:

6. Letter from Owner granting permission to the applicant, if different person or entity other than owner: _____

Attached: _____

Not Necessary: _____

SIGNATURE OF APPLICANT

FEE \$ _____

NUMBER OF SOIL LOGS: _____