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**Raritan Township Board of Health Application to Perform SOIL Characteristics Test**

**Process and Directions for Soil Testing**

1. Engineer or homeowner fills out the form below and submits it to the Clerk’s office with payment
2. The Township gives a copy of this form with confirmation of payment back to Engineer or Homeowner
3. The Engineer schedules soil testing with one of three township-approved witnesses and gives a copy of this form to the witness as confirmation of payment.
4. The designated witness returns this confirmation payment form to the Township with their time sheets.

*Contact Info for Raritan Township  
One Municipal Dr., Flemington, NJ 08822*

*Phone: 908-806-6101  
Email:* [*soiltest@raritantwpnj.gov*](mailto:soiltest@raritantwpnj.gov)

**SOIL Characteristics Test Form**

Make check payable to “Township of Raritan”

Fee: $400 (covers two days of testing); Add $200 for each additional day after the 2nd day.

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Homeowner\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Block\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lot No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address of Tested Property \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If subdivision, List name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Licensed Engineer Performing Tests \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Engineer Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Engineer Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For Raritan Township Office Use**

Payment amount: \_\_\_\_\_\_\_\_\_ Payment Type (Circle One): Ck # \_\_\_\_\_\_ CC Cash Date: \_\_\_\_\_\_\_\_