



Borough of Watchung

BOARD OF HEALTH

For Office Use Only

Permit Number: _____

Permit Year: _____

Payment Amount: _____

APPLICATION FOR SOIL PERMEABILITY OR PERCOLATION TEST INSPECTION

Date of Application: _____

Name of Owner: _____

Address of Owner: _____

Phone Number: _____

Address of Property: _____

Block: _____ Lot(s): _____

Name of Septic Engineer: _____

Address of Engineer: _____

Phone Number: _____

Testing Designed for Service of: **(Please Check One)**

_____ Single Family Dwelling

_____ Industrial Property

_____ Commercial Property

_____ Other

Signature of Applicant or Contractor

FEE SCHEDULE:

\$ 200.00 4 Hours or Less: \$ _____

\$ 300.00 4 Hours To 7 Hours: \$ _____

\$ 50.00 More Than 7 Hours: \$ _____

\$5.00 Application Review Fee: \$ **5.00** _____

Total Due: \$ _____

(Checks Payable to The Borough of Watchung)

Application Approved

Date Approved

Kevin Sumner, Health Officer (732) 968-5151
15 Mountain Boulevard, Watchung New Jersey 07069
Phone: (908) 756-0080; Fax: (908) 757-7027
Permits/Applications www.watchungnj.com