

LAFAYETTE TOWNSHIP BOARD OF HEALTH
Application for Observation, Inspection and Recording of a Soil Log

This application and supporting documentation shall be filled with the Board of Health Department pursuant to Section 9(e) of the Township's Septic Ordinance. Approval of the application is contingent upon its continued completeness and accuracy.

- 1.) Block _____ Lot _____
- 2.) Address of Site: _____
- 3.) Name of Applicant: _____
- 4.) Applicant's Address: _____
- 5.) Applicant's Phone Number: _____
- 6.) Name of Owner (If different from above): _____
- 7.) Owner's Address (if different from Applicant): _____
- 8.) Location Upon Property of Proposed Excavation: _____
 - A.) Plan of Detail; Description: _____
 - B.) Depth of Excavation: _____
 - C.) Purpose of Excavation: _____
 - D.) Time Excavation Shall Remain Open & Unfilled: _____
 - E.) Number of Soil Logs Requested: _____
 - F.) Provisions for Covering Excavation for Periods of Time that Excavation Shall be Unattended: _____
- 9.) Letter from Owner Granting Permission to the Applicant if Different Person or Entity other than Owner:
Attached: _____ Not Necessary: _____

Signature

Date

Taxes Paid to Date: _____
Fee: \$30.00 + \$5.00 per test hole

Total Fee Paid: _____
Form of Payment: _____
Collected By: _____