



Cumberland County Department of Health
309 Buck Street, Millville, NJ 08332
Website: www.ccdoh.org
Phone: (856) 327-7602 / Fax: (856) 327-6275

REQUEST TO WITNESS - Soil Test Pits and Site Evaluation

Proposed Use:

<input type="checkbox"/> Single Family Dwelling	Located in Pinelands: Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Food Establishment	Pinelands # _____
<input type="checkbox"/> Commercial	Utility Markout # _____
<input type="checkbox"/> New Construction	<input type="checkbox"/> Repair <input type="checkbox"/> Alteration <input type="checkbox"/> Existing Structure

Municipality / Township _____ Block _____ Lot _____
 Property Location _____

DATE OF SITE EVALUATION _____ TIME _____

Owner's Name _____ Phone _____
 Owner's Address _____
 Testing Company _____ Phone _____
 Fax _____

This Department will make every effort to accommodate the above request - please provide at least 5 working days notice and submit the following information:

- 1 A copy of the U.S.D.A. County Soil Survey Map with the property clearly marked
- 2 A copy of the U.S.G.S. topographical map with the property clearly marked
- 3 A copy of the tax map with the block and lot clearly outlined

Please enclose appropriate fee (per Cumberland County Ordinance #11)

<input type="checkbox"/>	\$450.00 advanced technology septic plan review / permit / final certification: new or alteration
<input type="checkbox"/>	\$250.00 standard septic plan review / permit / final certification: new or alteration
<input type="checkbox"/>	\$200.00 repair septic plan review / permit / final certification
<input type="checkbox"/>	\$100.00 septic plan revisions
<input type="checkbox"/>	\$50.00 septic permit renewal

NOTE: Unless waived by this Department, unwitnessed test pits will result in a denial of any subsequent applications or permits. Kindly notify this office in advance of any changes and / or cancellation.

For office use _____ Fee paid Y / N _____

Cumberland County will / will not witness the above soil and site evaluation.
 Engineer or testing firm notified _____

Inspector Signature _____ Date _____

