

**BOROUGH OF ANDOVER  
137 MAIN STREET  
ANDOVER, NEW JERSEY 07821  
973-786-6688 fax: 973-786-7231**

**SOIL LOG / SOIL BORING TEST RECEIPT**

1. Location of Work: Block \_\_\_\_\_ Lot \_\_\_\_\_

2. Name and Address of Property Owner:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Description of Work:  
\_\_\_\_\_  
\_\_\_\_\_

4. Engineer Name and Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone#: \_\_\_\_\_

5. Reason for Soil Log / Soil Boring Test:  
\_\_\_\_\_  
\_\_\_\_\_

6. Estimated Date of Work: \_\_\_\_\_

7. Soil Log / Soil Boring Test # of Holes: \_\_\_\_\_

**A fee of \$50 plus \$5 for each additional hole shall be paid by the requestor to the Borough as a prerequisite for the observation, inspection and/or recording of a soil log/soil boring test by the Board of Health or its agent.**

8. TOTAL AMOUNT TO BE PAID: \$ \_\_\_\_\_

*\*\*Checks made payable to the Borough of Andover*

Printed Name of Requestor: \_\_\_\_\_

Signature of Requestor: \_\_\_\_\_



*Office Use Only*

Fee Received: \_\_\_\_\_ Date of Payment: \_\_\_\_\_ Approved: \_\_\_\_\_

Check #: \_\_\_\_\_ or Cash: \_\_\_\_\_ Received By: \_\_\_\_\_