

Soil Profile Scheduling Request Form

City of Vineland Health Department
640 E. Wood Street, Vineland, NJ 08360
Ph. (856) 794-4131 / Fax (856) 405-4608

(Requests' to witness must be made a minimum of 48hrs in advance)

Engineering Co. _____ Phone _____

Address _____ Email _____

NJ Licensed Engineer Signature _____ License No. _____

Soil Evaluator _____ Phone _____

Property Location _____ **Block** _____ **Lot** _____

Property Owner _____ Phone _____

Owners Address _____

Date to be Performed _____ **Time** _____ am / pm

Profile Pits to be Performed for: Individual Lot _____ Prelim. Subdivision Work _____

NJ One Call Confirmation No. (1-800-272-1000) _____

The following must be included with request:

1. U.S. Dept. of Agriculture Soil Survey & City of Vineland Tax Map page for the property in question;
2. Appropriate fee as per Ordinance 2012-21 (*Fee is Non-Refundable and Must be Provided w/ Request*):

___ \$700 - New System (New Construction)

___ \$500 - Repair / Alteration of an Existing System (Check One):

___ Alteration - No Expansion or Change in Use

___ Alteration - Expansion or Change in Use (describe below):

___ Alteration - Malfunctioning System

___ \$100 - Preliminary Major Sub-Division

The VHD reserves the right to waive the witnessing of the scheduled profile pits without notification. Failure to notify this department of any changes to the date or time profile pits are to be witnessed, will render any work performed invalid. Soil Evaluator is not required to wait beyond the requested time, for a representative from the VHD. Soil Evaluator cannot start before the requested time. If the profile pits are rescheduled beyond the expiration date of the NJ One Call confirmation number, a new confirmation number should be obtained before any work is performed. Requests for weekends or holidays cannot be honored. **Fee must accompany request.** Please make checks payable to the City of Vineland.

OFFICE USE ONLY

Permit No. _____

Entered By: _____

CCSS Symbol(s): _____ **SHWT** _____

Symbol _____ **SHWT** _____

NJDEP Approval Required: Yes / No

Type: GP-25 (repair only) _____ **LOI** _____