



APPLICATION FOR ON-SITE SOILS EVALUATION (OSSE)

FOR ENVIRONMENTAL HEALTH USE ONLY
Permit Number: EH -

PROPERTY INFORMATION

APN: Project Address:
Acreage: Existing Building(s): Existing Water Supply: Yes No

OWNER INFORMATION

Name: Phone No. Email:
Mailing Address: (street, city, zip)

APPLICANT INFORMATION * If applicant is different from owner, must supply Agent Authorization form or be a licensed contractor.

Name: Phone No. Email:
Mailing Address: (street, city, zip)
Soils Consultant: License No. Phone No.

PURPOSE OF SOILS TESTING: Please Describe and Check all that apply

Blank lines for describing the purpose of soils testing.

- Checkboxes for: New Test, Re-Test, Repair / Replacement, Subdivision / # of Lots, Residential, Second Dwelling, Commercial/ Industrial, Failure, Sewage Surfacing, Residence Occupied, Yes/No options.

By my signature, I certify that the subject property to be tested has no history or visible signs of mining or other hazards. I further understand that if mining or other hazards are observed onsite, the inspection will not be made, or called off until clearance is obtained from the Department's Hazardous Material Division.

Applicant's Name (Print) Applicant's Signature Date