



Delaware Township Board of Health

PERC Test Witness Request Form

Once the completed form and payment is received, you will be contacted to arrange the date and time of your appointment with an agent of the Board of Health to witness your perc test(s).

Please make sure your telephone number is correct.

Applicant Name: _____

Applicant Address: _____

Applicant Phone Number: _____ Alt. Contact: _____

Owner Name (If different from applicant): _____

Owner Address: _____

Location of Site to be Witnessed: _____

Block: _____ Lot: _____

Engineer: _____

Engineer Address: _____

Engineer's Phone Number: _____

Make checks payable to the **Township of Delaware**

First Day \$350, each additional day is \$250

Return Completed Form and Fees/Payment to:

Delaware Township Board of Health
c/o Board Secretary
P.O. Box 500
570 Rosemont Ringoes Road
Sergeantsville, NJ 08557

Phone: 609-397-3240 x205

Hours: Monday – Thursday 9:00am – 3:00pm

FOR OFFICE USE ONLY

Correct Fees Received: _____

Check Number: _____

Amount: _____

Transferred to Witness: _____

Appointment Date(s): _____