

SOIL TEST/SERVICE REQUEST FORM

Date:.....

Office use only: Received..... Ref #

Requested by (Client details):.....

Test Site Address Details:

Lot No.: **Street No.:** **Street:**

Suburb:

SERVICE RELATING TO:

- New Residential Dwelling.....(SECTION A and B)
- Extension/Addition to Existing House Swimming Pool(SECTION A)
- Other or Additional Services (SECTION C)

SECTION A – General Soil Test Questions		
1. Are there any locked gates?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Is there access for a 4WD?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Is there a survey and/or architectural plan available?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES , Please provide to us If NO , you may provide a hand drawn sketch of location of proposed works and/or preferred borehole locations.
4. Are there any underground utilities on site? i.e. electricity, water, phone, gas, sewer and/or storm water	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES , please provide details (plans, hand drawn sketch, description and/or mark on site)
5. Are there any dogs on site?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Do we need to contact anyone before going to site?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES , please provide notice period:
7. Do we need to meet anyone on site?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES , details:
8. Slope <input type="checkbox"/> Slight <input type="checkbox"/> Moderate <input type="checkbox"/> Steep		

NOTE: I/THE CLIENT ACKNOWLEDGE/HAS BEEN ADVISED THAT GEO-SERVE P/L TAKES NO RESPONSIBILITY FOR DAMAGE TO UNDERGROUND SERVICES, GRASS, VEGETATION OR STRUCTURES, THOUGH ALL DUE CARE WILL BE TAKEN BY US. – I/THE CLIENT ACCEPT THESE CONDITIONS (please check)

