



SOIL INVESTIGATION REQUEST FORM

Please complete this application and submit it with required attachments to DWC - DUSERVE DWC-LLC

A: General Information

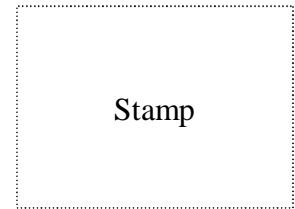
Project Name:
 Project Owner: Plot No:
 Consultant:
 Laboratory:
 Work to Commence at Site: From: / / To: / /

B: Required Information and Submittals

- ◇ Affection Plan Reference No: (Copy of Affection Plan to be enclosed)
- ◇ Copy of Consultant's DWC Registration (Copy of Consultants Professional License to be enclosed)
- ◇ Copy of Consultant's Appointment Letter
- ◇ Laboratory Appointment Letter (Original)
- ◇ Copy of Laboratory Professional License
- ◇ Site Plan showing location of boreholes

C: Submission Details

Consultant:
 Contact Person: Signature:
 E-mail: Date:
 Tel: Fax: Mob:



D: For Duserve Use Only

Received By: Signature:

Date of Receiving..... Date of Replying:

Remarks:

.....

- Approved Conditional Approval Resubmit

Reviewed By:	Name	Signature	Date
Zoning Engineer			
Approved By:			
Development Control Manager			