D E E P T E S T R E S U L T S

DUTCHESS COUNTY HEALTH DEPARTMENT

Date: _____

Name of property: _____ (T)(V)(C) _____

TAX GRID #

Owner of property: _____ Engineer: _____

Person directing test: _____ DCHD Rep: _____

HOLE #	LOT #	TOTAL DEPTH	ROCK DEPTH	WATER DEPTH	MOTTLING DEPTH	SOIL DESCRIPTION

General remarks (terrain; weather; springs, streams, etc.)

_____

_____