



Chester County Health Department

Invoicing Record for Consulting Soil Scientist

Subdivision/Record Form # _____ Subdivision/Record Form Name: _____

Site Address: _____ Municipality _____ # of Lots _____

Applicant _____ Phone _____

Applicant Mailing Address _____

Street _____ City _____ State _____ Zip Code _____

Email _____

Agent _____ Phone _____

Agent Mailing Address _____

Street _____ City _____ State _____ Zip Code _____

Email _____

Responsible Party for Payment of Soil Scientist Balance Applicant Agent

Send Report to: Applicant Agent

Type of Testing Requested Subdivision Morphological Evaluation

All Soil Scientist Advance Fees must be paid prior to any soil testing

Required Fee: CCHD Subdivision Review Fee (if applicable) PLUS Soil Scientist (see below)

Soil Scientist Advance Fees and Terms

10 or Less Lots	\$ 200.00
11-25 Lots or Equivalent EDUs	\$ 500.00
26-45 Lots or Equivalent EDUs	\$1,000.00
46 + Lots or Equivalent EDUs	\$1,500.00

These fees also apply to additional investigations. The fee is charged based on the number of lots involved in the investigation.

I, (We), Applicant(s) or Agent(s) of the said property understand that I, (we) will be billed for any soil consulting services provided by the consulting Soil Scientist, and do hereby agree to pay Chester County Health Department for soil services rendered in accordance with the currently prevailing Chester County Health Department fee schedule and the approved contract with the qualified soil scientist. The difference between the consulting Soil Scientist charges and the advance fee will be due and payable to the "Treasurer of Chester County" upon receipt of the invoice or a 10% service fee will be added after 30 days. **No soil test reports will be released and additional work will not be contracted if past due amounts remain unpaid.**

If consulting Soil Scientist charges are less than the advance fee paid, the difference will be returned upon receipt of the report and a completed W-9 tax form (if applicable).

Applicant or Agent's Signature

Date

FOR DEPARTMENT USE ONLY

Soil Scientist Advance Fee \$ _____ Receipt # _____ Date _____