



Health
Department

Environmental Health Services Division
43525 Elizabeth Road
Mount Clemens, Michigan 48043-1078
Phone: 586-469-5236 Fax: 586-469-6534
www.macombgov.org/health

CONSENT FOR SOIL STUDIES

PROPERTY DESCRIPTION: _____

HEALTH DEPARTMENT APPLICATION NUMBER: _____

I, the undersigned, as owner or legally authorized agent for the owner of the captioned property, am aware that an application has been made to the Macomb County Health Department for onsite soil suitability tests.

I am further aware and acknowledge that such soil evaluation studies will disturb both surface and subsurface soils in the test locations, and can result in damage or destruction of crops or other surface vegetation.

Consent to undertake the requested soil studies is hereby given:

Name: _____

Address: _____

Telephone: _____

Owner ()

Owner's Agent ()

Signature: _____

Date: _____