



GARNESS ENGINEERING GROUP, Ltd.
CONSULTANTS & GENERAL CONTRACTORS

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TEST HOLE ORDER FORM

DATE OF ORDER: _____

LEGAL DESCRIPTION: _____

STREET ADDRESS: _____

OWNER NAME: _____ PHONE: _____

ADDRESS: _____

LISTING AGENT: _____ PHONE: _____

AGENCY: _____

OTHER PARTY: _____ PHONE: _____

ADDRESS: _____

BILL TO: OWNER AGENT OTHER PARTY

AS-BUILT SURVEY/PLOT PLAN

NUMBER OF BEDROOMS:

CLIENT AWARE OF DEPOSIT

EXCAVATION INFO

NEW CONSTRUCTION

UPGRADE

EXCAVATOR

EXCAVATOR: _____

SCHEDULED DATE: _____

LOCATES

CALLED IN ON: _____

WILL BE DONE BY: _____

TICKET NUMBER: _____

LOT LINE CONTROL

LOT LINES/CORNERS FLAGGED

SURVEYED BY: _____

DATE COMPLETED: _____

BILL TO: _____

COMMENTS: