

# Sam Engineering & Testing, L.P.

Serving The Geo-Industry Since 1974

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## GEOTECHNICAL/ENVIRONMENTAL SOIL REPORT REQUEST FORM

**\*\*If this form is not filled out in its entirety and signed by the client, then it will be returned. SE&T will take no further action until the completed form is faxed to our office @ (972) 790-0967.\*\***

Date: \_\_\_\_\_ Amount Agreed Upon: \_\_\_\_\_ (Includes 2 hard copies of the report)  
Email Copy?  Y  N (an email copy will be \$50 more than the amount agreed upon)

### Client

(This is the person/company that will be paying for the report.) **No P.O. Box address please.**

\_\_\_\_\_  
(Name/Company Name)

\_\_\_\_\_  
(Attention)

\_\_\_\_\_  
(Physical Address, City, State, Zip) **No P.O. Boxes**

\_\_\_\_\_  
(Email)

\_\_\_\_\_  
(Mailing Address)

( )  
\_\_\_\_\_  
(Telephone #)

\_\_\_\_\_  
(City, State, Zip)

( )  
\_\_\_\_\_  
(Fax #)

### Site Address

Is there an existing residence on the lot?  Y  N

What are the dimensions of the residence? \_\_\_x\_\_\_ft.

Is the existing residence occupied?  Y  N

Is the lot sloped or have escarpment?  Y  N

Will the residence have a basement?  Y  N

Proposed Residence, Building, Addition or etc: Please write this on the above line.

\_\_\_\_\_  
(Street, Lot #, Block # & Subdivision Name)

\_\_\_\_\_  
(City, and/or County)

**Note: If there is a Lot/Block plan or any other information on the location of the site please fax it along with this form.**

**Also if there is not a physical address for this lot , please make sure to mark with a sign/stake etc. Failure to do so may delay the testing.**

### Structural Engineer

SAM Engineering and Testing (SE&T) will provide two copies of the report and at no additional charge, and for your convenience, SE&T will forward one of the copies to your Structural Engineer. If a Structural Engineer has not been chosen then both copies will be given to the client.

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Attention)

\_\_\_\_\_  
(Address)

( )  
\_\_\_\_\_  
(Telephone #)

\_\_\_\_\_  
(City, State, Zip)

( )  
\_\_\_\_\_  
(Fax #)

**\*Are you a first time client ? (Yes) (No). If No, please state the date your last report was done.....**

**NOTE: IF YOU ARE A FIRST-TIME CLIENT, REPORTS MUST BE PICKED UP FROM SE&T AND PAID FOR AT THAT TIME. ALL OTHER REPORTS WILL BE BILLED WITH THE TERMS OF NET 30 DAYS.**

I, \_\_\_\_\_ of \_\_\_\_\_ give authorization to  
(Printed Name) (Title) (Company Name)

SAM Engineering and Testing, L.P. to perform Geotechnical\Environmental testing for the above project. As the client, I understand the payment terms and I assume responsibility for payment on all invoices for work performed on this project.

\_\_\_\_\_  
Signature (MUST BE AN ACUTAL SIGNATURE NOT TYPED)