

PERMIT TO *REPAIR* A SEPTIC SYSTEM

Dear Applicant:

Attached is the application to repair an existing septic system. Please complete the appropriate sections to detail the intended work. This permit shall be used in cases of minor repairs to existing septic systems only (cracked tank, baffle replacement, cracked line, etc). In the event that more extensive work is needed on the system (replace the disposal field, etc.), a different application will be required.

A Washington Township licensed contractor must perform all work to septic systems. This department must inspect all work prior to back filling. It is the contractor's responsibility to contact us for an inspection. Please contact us 24 hours in advance of the requested inspection time.

The permit fee for a repair is \$50.00. Please allow us one week to review this application and issue this permit. Please do not hesitate to contact us at (908) 876-3650 if you have any questions regarding this permitting process.

Your anticipated cooperation is appreciated.

Washington Township Health Department

43 Schooley's Mountain Road
Long Valley, Morris County, New Jersey 07853
Telephone (908) 876-3650
Fax (908) 876-5138

APPLICATION FOR PERMIT TO REPAIR AN INDIVIDUAL SEWAGE DISPOSAL SYSTEM

In accordance with Chapter 199 Public Laws of 2000 as Adopted by Ordinance

Property Owner: _____

Street Address: _____

City, State, Zip: _____

Owners Phone Number: _____

Block _____ **Lot** _____

Contractor Name: _____

Contractor Address: _____

Contractor Phone Number: _____

Type of Building to be Served: Dwelling _____ Garage: _____ Other: _____

PLEASE SPECIFY BELOW WHICH COMPONENT OF THE SEPTIC SYSTEM IS TO BE REPAIRED

___ Septic Tank Liquid Capacity _____ Gallons

Materials: Concrete _____ Other(specify) _____

Width: _____ Length: _____ Diameter: _____

___ Baffle Replacement

___ Connecting Pipe Material: _____ Size: _____

___ Distribution Box: Material: _____ Size: _____

Attach an accurate plan showing the following: Lot dimensions, location of house, location of each unit of the disposal system, all buildings and large trees in disposal area, include the distances from the house, side and rear lot lines, auxiliary buildings, sewage systems and wells on adjoining properties.

Signature of Applicant: _____

Date: _____

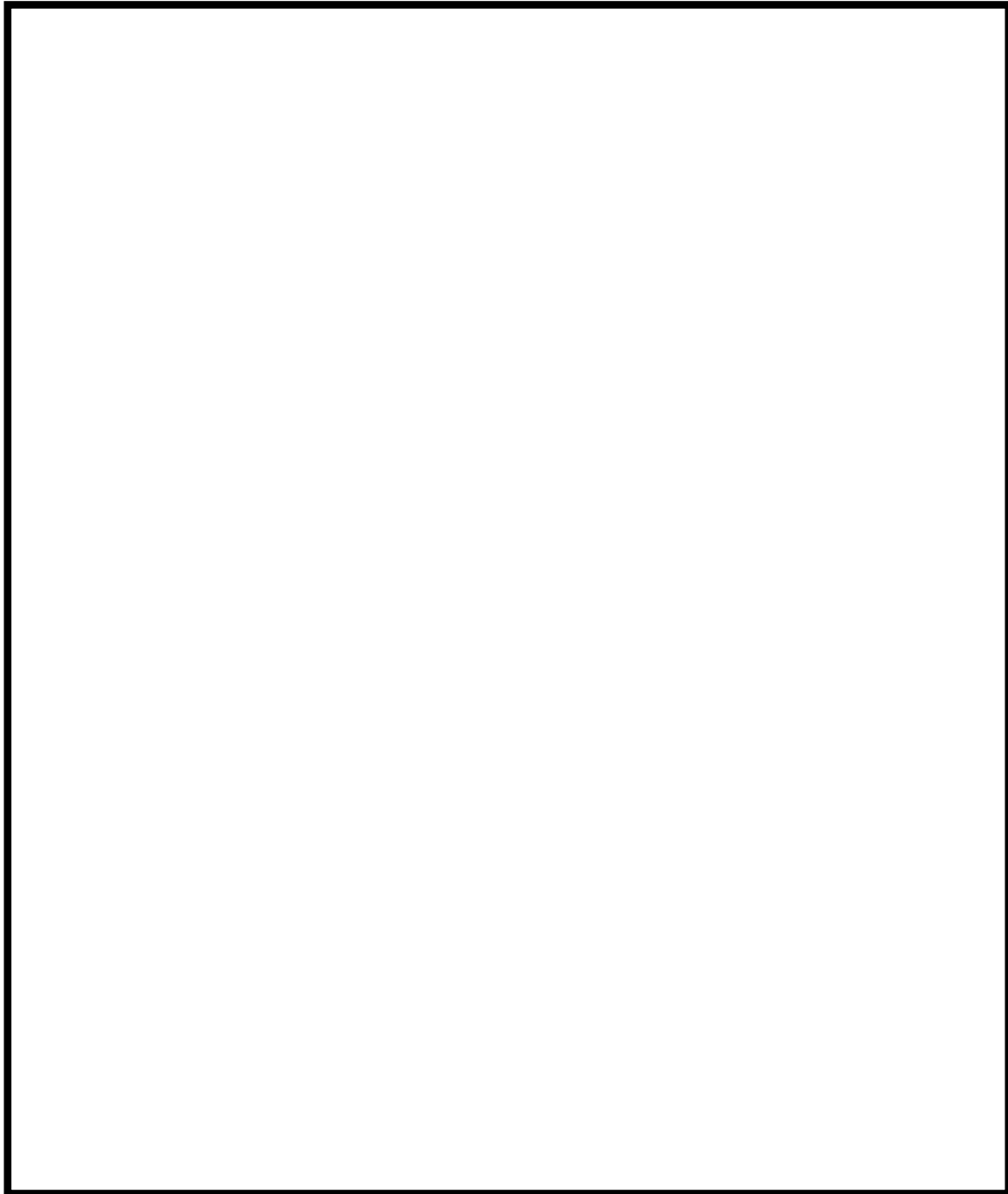
Permit/Application fee: _____

Sketch an accurate plan showing the following: lot dimensions, location of house, location of each unit of the disposal system, all buildings and large trees in the disposal area, include dimensions from the house, side and rear lot lines, auxiliary buildings, and sewage units and wells on adjoining properties.

Township: _____ Block: _____ Lot: _____

Drawn by: _____ Date: _____

Signature: _____



Approved _____ Denied _____ Reviewer _____ Date _____