

DATE STAMP

EAM TWSP FEE \$10 – CHECK #: _____

RECEIPT # _____
FEE: \$80.00

**HUNTERDON COUNTY HEALTH DEPARTMENT
STANDARD FORM FOR SUBMISSION OF REPAIRS**

A REPAIR IS THE REPLACEMENT OF ONE OR MORE COMPONENTS OF AN INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM IN A MANNER THAT WILL NOT CHANGE THE ORIGINAL LOCATION, CONSTRUCTION, SIZE, CAPACITY, TYPE OR NUMBER OF COMPONENTS. The repair is approved for only the components being replaced as stated on the permit. Any deviation will void the permit and require a re-submittal.

1. PROJECT LOCATION:

MUNICIPALITY: _____ BLOCK: _____ LOT: _____
STREET ADDRESS: _____

2. OWNER INFORMATION:

NAME OF CURRENT OWNER: _____
MAILING ADDRESS: _____
TOWN: _____ STATE: _____ ZIP CODE: _____
E MAIL ADDRESS: _____ PHONE: _____

3. FACILITY TYPE:

RESIDENTIAL _____ NUMBER OF BEDROOMS _____ COMMERCIAL _____ GALLONS/DAY

4. REASON FOR REPAIR:

- PONDING/BREAKOUT ONTO THE GROUND
- BACKUP OF SEWAGE INTO RESIDENCE
- RESULT OF SEPTIC SYSTEM INSPECTION (A COPY OF THE NJDEP ONSITE INSPECTION FORM must be attached)
- PUMPING.
- SELECT FILL CLOGGED (ATTACH ENGINEERS LETTER)
- OTHER _____

5. IS HOME FOR SALE: NO YES

6. APPROXIMATE AGE OF SYSTEM? _____ **SEPTIC DESIGN ON FILE:** YES NO
FILE SEARCH DONE BY _____

7. NATURE OF REPAIR:

- NJ TANK REPLACEMENT (type/size) _____ CONCRETE _____ PLASTIC/FIBERGLASS
- BAFFLE RISER DISTRIBUTION BOX SPEED LEVELERS LID
- EFFLUENT FILTER OR SOLIDS RETAINER TANK/CESSPOOL ABANDONMENT-reason for abandonment _____

An effluent filter must be installed if there is access for removal for cleaning. Do not cut a hole in the existing tank to accommodate the filter as this can damage the tank unless approval is authorized by an engineer or the tank manufacturer.

- DOSING TANK (type/size) _____
- CONNECTING LINE (SCHEDULE 40 PVC OR EQUIV.) SIZE/LENGTH _____
- BED (LWD) _____ TRENCHES (# OF TRENCHES, LWD) _____
- SEEPAGE PIT (SIZE) _____
- PUMP REPLACEMENT-must replace as per original design, if no design on file then float settings must be provided by an engineer

See back of application for additional repair requirements YES NO

8. THE WASTE LINE FROM THE HOUSE TO THE SEPTIC TANK IS NOT PART OF THE SEPTIC SYSTEM; INSPECTION OF THIS LINE IS UNDER THE JURISDICTION OF THE MUNICIPALITY.

9. SIGNATURE OF APPLICANT: _____ **DATE:** _____

10. CONTRACTOR INFORMATION: EMAIL ADDRESS: _____
NAME: _____ **PHONE:** _____

11. HEALTH DEPARTMENT AUTHORIZED AGENT: _____
DATE OF APPLICATION APPROVAL: _____ **EXPIRATION DATE:** _____

This application approval is not to be considered a guarantee that the above-mentioned repair will correct a malfunction, only that the repair is in conformance with chapter 7:9A, standards for individual Subsurface Sewage Disposal Systems.

PLEASE NOTE: THE APPLICANT IS RESPONSIBLE FOR OBTAINING ALL OTHER REQUIRED FEDERAL, STATE OR LOCAL APPROVALS PRIOR TO THE COMMENCEMENT OF WORK UNDER THIS APPROVAL, INCLUDING BUT NOT LIMITED TO, NJDEP PERMITS TO CONDUCT ACTIVITIES IN FRESHWATER WETLANDS, FRESHWATER WETLAND TRANSITION AREAS, OR FLOOD PLANE JURISDICTIONS. FAILURE TO OBTAIN THESE PERMITS PRIOR TO CONDUCTING REGULATED ACTIVITIES WITHIN THESE AREAS MAY RESULT IN REMOVAL OF THE SYSTEM AND OR THE ASSESSMENT OF SIGNIFICANT CIVIL PENALTIES.
10/26/21

INSTALLATION FLOW SHEET

DATE					INSPECTOR
	PUMP RECEIPT REQUIRED YES PROVIDED YES				
	WATERTIGHTNESS TEST REQUIRED	YES	NO	N/A	
	REPORT ON CONDITION OF TANK REQUIRED	YES	NO	N/A	
	GARBAGE DISPOSAL MUST BE REMOVED DOCUMENTATION PROVIDED	YES YES	NO	N/A	
	SECOND INSPECTION OF FIELD REQUIRED AFTER REPAIRS ARE COMPLETED	YES	NO	N/A	
	INSPECTION OF FIELD REQUIRED	YES	NO	N/A	
	ENGINEER LETTER REQUIRED	YES	NO	N/A	
	AS BUILT REQUIRED	YES	NO	N/A	
	SELECT FILL CERTIFICATION REQUIRED	YES	NO	N/A	
	RESULTS OF HYDRAULIC LOAD TEST PROVIDED	YES	NO	N/A	

Installation Completed _____

Date _____

Installation Excavator: Name _____

Phone # _____

REPAIR SKETCH

PROPOSED REPAIR TO BE SKETCHED. SKETCH TO INCLUDE THE HOUSE, SEPTIC TANK, TRENCHES OR BED, WELL LOCATION, OTHER WATER COURSES AND BURIAL SITE. PLEASE NOTE: *IF REPAIR WORK IS ONLY A BAFFLE OR A RISER, THEN DISPOSAL FIELD AREA DOES NOT NEED TO BE LOCATED ON SKETCH.* ALSO,

- PLEASE NOTE THAT THE BURIAL SITE MUST BE A MINIMUM OF 100' FROM ANY WELL OR THE MATERIAL SHALL BE TRANSPORTED TO A LICENSED LANDFILL.

COPY OF ORIGINAL DESIGN ATTACHED (please circle on) YES NO NONE ON FILE

