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.
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 _______