

BLOCK \_\_\_\_\_ LOT \_\_\_\_\_

DATE \_\_\_\_\_

ON LINE PERMIT

**BOROUGH OF RINGWOOD  
BOARD OF HEALTH  
PERMIT TO PUMP/EMPTY SEPTIC TANKS**

Permission is hereby granted to \_\_\_\_\_  
Company Name

\_\_\_\_\_ to empty/pump sewage receptacle(s)  
Company Address

(e.g. septic tanks) located at \_\_\_\_\_  
number & street

Owner's Name: \_\_\_\_\_ PERMIT FEE: Paid \_\_\_\_\_ Enclosed \_\_\_\_\_

Please check all boxes (below) that apply:

**FUNCTION OF SEWAGE DISPOSAL SYSTEM AT TIME OF PUMPING:**

- 1) Entire system satisfactory in all respects .
- 2) Septic Tank Construction: Metal  , Concrete Precast  , Other   
capacity: #1 \_\_\_\_\_ gals. #2 \_\_\_\_\_ gals.
- 3) Septic Tank Condition: lid  body  baffles   
condition satisfactory  condition unsatisfactory
- 4) Septic Tank liquid level: above  below  outlet-invert
- 5) Disposal Area Design: seepage pit(s)  bed (s)  trenches  area unknown
- 6) Disposal Area Condition: over-flowing  satisfactory  toilet backup
- 7) Connecting Pipes: house sewer  tank effluent pipes  plugged  broken   
condition satisfactory
- 8) Back Flow in Tank yes  no

Copy Distribution: Original to Health Department, Duplicate to Pumper, Triplicate to Owner