

RINGWOOD HEALTH DEPARTMENT

Application to REPAIR an Individual Subsurface Sewage Disposal System

General Information:

1. Location of Project: Block \_\_\_\_\_ Lot \_\_\_\_\_

Street Address \_\_\_\_\_

2. Name of Applicant \_\_\_\_\_

Applicant's Address \_\_\_\_\_

Applicant's Telephone Number \_\_\_\_\_

3. Name of Septic Installer \_\_\_\_\_

Installer's Address \_\_\_\_\_

Installer's Telephone Number \_\_\_\_\_

4. Type of Facility:

\_\_\_\_\_ Residential  
\_\_\_\_\_ Commercial/Institutional (Specify type: \_\_\_\_\_)

5. Type of Waste to be discharged:

\_\_\_\_\_ Sanitary Sewage  
\_\_\_\_\_ Industrial Wastes  
\_\_\_\_\_ Other (Specify type: \_\_\_\_\_)

6. I hereby certify that the information furnished on page one of this application is true. I am aware that false swearing is a crime in this State and subject to prosecution.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Type of Repair: Tank \_\_\_\_\_ Baffle \_\_\_\_\_ D-Box \_\_\_\_\_ Pipes \_\_\_\_\_ Pump \_\_\_\_\_



FOR HEALTH DEPARTMENT USE ONLY

\_\_\_\_\_ Application denied - Reason for Denial: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Application approved

Signature of Health Department Official \_\_\_\_\_

Date \_\_\_\_\_ Name/Title \_\_\_\_\_

**REPAIR FEE: \$25.00** Date paid: \_\_\_\_\_ Receipt #: \_\_\_\_\_

COUNTY / MUNICIPALITY –RINGWOOD

APPLICATION FOR PERMIT TO CONSTRUCT/ALTER/REPAIR  
AN INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM

Form 4 General Design Data \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

1. Volume of Sanitary Sewage, gal.....  
\_\_\_\_ Residential: No. Of Dwelling Units \_\_\_\_\_ Total No. of Bedrooms \_\_\_\_\_  
\_\_\_\_ Commercial/Institutional –Indicate type of establishment and show method of  
calculation. If estimate is based on water meter data, indicate source of data, frequency  
of readings, average daily flow, and maximum recorded daily reading \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Alterations or Repairs  
A) Tank Replacement –Size \_\_\_\_\_ Type \_\_\_\_\_  
Baffle Replacement \_\_\_\_\_  
D-Box Replacement \_\_\_\_\_  
Pipe Replacement \_\_\_\_\_  
Pump Replacement \_\_\_\_\_  
Reason for Repair \_\_\_\_\_

B) Active Sewage Treatment [Pirana, Jet]  
Reason for Alteration/repair –be specific:  
Malfunction \_\_\_\_\_  
Upgrade \_\_\_\_\_  
Preventive \_\_\_\_\_

C) Placement of Unit 1,000 gallon tank \_\_\_\_\_  
Placement of 2<sup>nd</sup> Unit 500 gallon tank \_\_\_\_\_  
  
Concrete \_\_\_\_\_  
Other \_\_\_\_\_

3. I hereby certify that the information furnished on Form 4 of this application (and  
attachments thereto) is true and accurate. I am aware that falsification of data is a violation of  
the Water Pollution Control Act (N.J.S.A. 58:10A-1 et seq.) and is subject to penalties prescribed  
in N.J.A.C. 7:14-8.

SIGNATURE OF LICENSED CONTRACTOR: \_\_\_\_\_

DATE: \_\_\_\_\_