DEP has provided this form for use by local Boards of Health if they choose to do so. Before using the form, check with your local Board of Health to make sure that they will accept it.

A. Facility Information

Application is hereby made for a permit to:  
☐ Construct a new on-site sewage disposal system  
☐ Repair or replace an existing on-site sewage disposal system  
☐ Repair or replace an existing system component

1. Location of Facility:

   Address or Lot #

   City/Town

   State

   Zip Code

2. Owner Information

   Name

   Address (if different from above)

   City/Town

   State

   Zip Code

   Telephone Number

3. Installer Information

   Name

   Name of Company

   Address

   City/Town

   State

   Zip Code

   Telephone Number

4. Designer Information

   Name

   Name of Company

   Address

   City/Town

   State

   Zip Code

   Telephone Number
A. Facility Information (continued)

5. Type of Building:
   - [ ] Dwelling
   - [ ] Garbage Grinder (check if present)
   - Other: Type of Building
   - [ ] Showers
   - [ ] Cafeteria
   - [ ] Other fixtures
   - Number ofisters
   - Number of showers
   - Number of Persons Served

6. Design Flow:
   - Calculated Daily Flow:
     - Gallons per Day
     - Gallons

7. Plan:
   - Date of Original
   - Number of Sheets
   - Revision Date
   - Title of Plan

8. Description of Soil:

9. Nature of Repairs or Alterations (if applicable):

10. Date last inspected:
    - Date
B. Agreement

The undersigned agrees to ensure the construction and maintenance of the aforesaid on-site sewage disposal system in accordance with the provisions of Title 5 of the Environmental Code and not to place the system in operation until a Certificate of Compliance has been issued by this Board of Health.

Signature

Date

Application Approved By:

Name

Date

Application Disapproved for the following reasons:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________