



Hunterdon County Department of Health



Public Health
Prevent. Promote. Protect.

www.co.hunterdon.nj.us/health.htm

STANDARD FORMS FOR CERTIFICATE OF COMPLIANCE

Municipality _____ Block _____ Lot _____

Instructions: Part A is to be completely filled in for all Certifications. Only Part B or Part C will be completed. Part B will be completed if the administrative authority relies upon the certification signed and sealed by a New Jersey licensed professional engineer that the system has been located, constructed, installed or altered in compliance with the requirements of N.J.A.C. 7:9-1 and the Application to Construct/Alter/Repair an Individual Subsurface Sewage Disposal System which was approved by the administrative authority. Part C will be completed if the administrative authority performs the certification.

Part A - General Information

1. Permitted Activities (check applicable categories):

Permit Number _____

New Construction

Alteration/No Expansion or Change of Use

Alteration/Expansion or Change in Use

Alteration/Malfunctioning System

Deviation from Standards

Repairs to Existing System

2. Location of Project:

Municipality _____ Block _____ Lot _____

Street Address _____

3. Name and Present Address of Applicant _____

Applicant's Phone Number _____

Part B - Professional Engineer's Certification

I certify under penalty of law that the subsurface sewage disposal system identified in Part A has been located, constructed, installed or altered in compliance with the requirements of N.J.A.C. 7:9A-1 and the Application to Construct/Alter/Repair and Individual Subsurface Sewage Disposal System which was approved by the administrative authority. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature

Seal

Name (type or print), License #

Part C - Certification by Administrative Authority

I certify under penalty of law that the subsurface sewage disposal system identified in Part A has been located, constructed, installed or altered in compliance with the requirements of N.J.A.C. 7:9A-1 and the Application to Construct/Alter/Repair and Individual Subsurface Sewage Disposal System which was approved by the administrative authority. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Authorized Signature

Type of License Held

Name (typed or printed)

License Number

Physical Address: 314 State RT. 12, County Complex, Bldg. #1, 2nd Floor
Mailing Address: P O Box 2900, Flemington, NJ 08822
Tel (908) 788-1351 Fax (908) 782-7510