

DATE STAMP

RECEIPT # \_\_\_\_\_  
FEE: \$ 80.00

**HUNTERDON COUNTY HEALTH DEPARTMENT  
STANDARD FORM FOR SUBMISSION OF REPAIRS**

A REPAIR IS THE REPLACEMENT OF ONE OR MORE COMPONENTS OF AN INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM IN A MANNER THAT WILL NOT CHANGE THE ORIGINAL LOCATION, CONSTRUCTION, SIZE, CAPACITY, TYPE OR NUMBER OF COMPONENTS. The repair is approved for only the components being replaced as stated on the permit. Any deviation will void the permit and require a re-submittal.

**1. PROJECT LOCATION:**

MUNICIPALITY: \_\_\_\_\_ BLOCK: \_\_\_\_\_ LOT: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_

**2. OWNER INFORMATION:**

NAME OF CURRENT OWNER: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_  
TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
E MAIL ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

**3. FACILITY TYPE:**

RESIDENTIAL \_\_\_\_\_ NUMBER OF BEDROOMS \_\_\_\_\_ COMMERCIAL \_\_\_\_\_ GALLONS/DAY

**4. REASON FOR REPAIR:**

- PONDING/BREAKOUT ONTO THE GROUND
- BACKUP OF SEWAGE INTO RESIDENCE
- RESULT OF SEPTIC SYSTEM INSPECTION (A COPY OF THE NJDEP ONSITE INSPECTION FORM must be attached)
- PUMPING
- SELECT FILL CLOGGED (ATTACH ENGINEERS LETTER)
- OTHER \_\_\_\_\_

**5. IS HOME FOR SALE:**  NO  YES

**6. APPROXIMATE AGE OF SYSTEM?** \_\_\_\_\_ **SEPTIC DESIGN ON FILE:**  YES  NO  
**FILE SEARCH DONE BY** \_\_\_\_\_

**7. NATURE OF REPAIR:**

- NJ TANK REPLACEMENT (type/size) \_\_\_\_\_ CONCRETE \_\_\_\_\_ PLASTIC/FIBERGLASS
- BAFFLE  RISER  DISTRIBUTION BOX  SPEED LEVELERS  LID
- EFFLUENT FILTER OR SOLIDS RETAINER  TANK/CESSPOOL ABANDONMENT-reason for abandonment \_\_\_\_\_

An effluent filter must be installed if there is access for removal for cleaning. Do not cut a hole in the existing tank to accommodate the filter as this can damage the tank unless approval is authorized by an engineer or the tank manufacturer.

- DOSING TANK (type/size) \_\_\_\_\_
- CONNECTING LINE (SCHEDULE 40 PVC OR EQUIV.) SIZE/LENGTH \_\_\_\_\_
- BED (LWD) \_\_\_\_\_  TRENCHES (# OF TRENCHES, LWD) \_\_\_\_\_
- SEEPAGE PIT (SIZE) \_\_\_\_\_
- PUMP REPLACEMENT-must replace as per original design, if no design on file then float settings must be provided by an engineer

See back of application for additional repair requirements  YES  NO

**8. THE WASTE LINE FROM THE HOUSE TO THE SEPTIC TANK IS NOT PART OF THE SEPTIC SYSTEM; INSPECTION OF THIS LINE IS UNDER THE JURISDICTION OF THE MUNICIPALITY.**

**9. SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**10. CONTRACTOR INFORMATION: EMAIL ADDRESS:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**11. HEALTH DEPARTMENT AUTHORIZED AGENT:** \_\_\_\_\_  
**DATE OF APPLICATION APPROVAL:** \_\_\_\_\_ **EXPIRATION DATE:** \_\_\_\_\_

This application approval is not to be considered a guarantee that the above-mentioned repair will correct a malfunction, only that the repair is in conformance with chapter 7:9A, standards for individual Subsurface Sewage Disposal Systems.  
**PLEASE NOTE: THE APPLICANT IS RESPONSIBLE FOR OBTAINING ALL OTHER REQUIRED FEDERAL, STATE OR LOCAL APPROVALS PRIOR TO THE COMMENCEMENT OF WORK UNDER THIS APPROVAL, INCLUDING BUT NOT LIMITED TO, NJDEP PERMITS TO CONDUCT ACTIVITIES IN FRESHWATER WETLANDS, FRESHWATER WETLAND TRANSITION AREAS, OR FLOOD PLANE JURISDICTIONS. FAILURE TO OBTAIN THESE PERMITS PRIOR TO CONDUCTING REGULATED ACTIVITIES WITHIN THESE AREAS MAY RESULT IN REMOVAL OF THE SYSTEM AND OR THE ASSESSMENT OF SIGNIFICANT CIVIL PENALTIES.**

**REPAIR SKETCH**  
(ALL DISTANCES TO BE MEASURED FROM HOUSE)

**PROPOSED REPAIR TO BE SKETCHED. SKETCH TO INCLUDE THE HOUSE, SEPTIC TANK, TRENCHES OR BED, WELL LOCATION, OTHER WATER COURSES AND BURIAL SITE. PLEASE NOTE: IF REPAIR WORK IS ONLY A BAFFLE OR A RISER, THEN DISPOSAL FIELD AREA DOES NOT NEED TO BE LOCATED ON SKETCH. ALSO,**

- PLEASE NOTE THAT THE BURIAL SITE MUST BE A MINIMUM OF 100' FROM ANY WELL OR THE MATERIAL SHALL BE TRANSPORTED TO A LICENSED LANDFILL.

**COPY OF ORIGINAL DESIGN ATTACHED (please circle on) YES NO NONE ON FILE**

**INSTALLATION FLOW SHEET**

DATE		INSPECTOR
	PUMP RECEIPT REQUIRED <b>YES</b> PROVIDED <b>YES</b>	
	WATERTIGHTNESS TEST REQUIRED <b>YES NO N/A</b>	
	GARBAGE DISPOSAL MUST BE REMOVED <b>YES NO N/A</b> DOCUMENTATION PROVIDED <b>YES</b>	
	SECOND INSPECTION OF FIELD REQUIRED AFTER REPAIRS ARE COMPLETED <b>YES NO N/A</b>	
	INSPECTION OF FIELD REQUIRED <b>YES NO N/A</b>	
	ENGINEER LETTER REQUIRED <b>YES NO N/A</b>	
	AS BUILT REQUIRED <b>YES NO N/A</b>	
	SELECT FILL CERTIFICATION REQUIRED <b>YES NO N/A</b>	

Installation Completed \_\_\_\_\_

Date \_\_\_\_\_

Installation Excavator: Name \_\_\_\_\_

Phone # \_\_\_\_\_