

APPLICATION FOR PERMIT FOR NEW OR TO ALTER AN
INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM

Morris County / Mine Hill Township

Form 1—General Information

1. Type of Permit Needed (Check and Fill-in applicable categories):

- a. New Construction
- b. Alteration/ No Expansion or Change in Use
- c. Alteration/Expansion or Change in Use
- d. Alteration/Malfunctioning System
- e. Deviation from Standards
- f. New system installed (existing structure)

2. Location of Project:

Municipality _____ Block No. _____ Lot No. _____

Street Address _____ Zip _____

3. Name of Applicant/Owner (print): _____

4. Applicant's
Present Address: _____

5. Applicant's Phone Number: _____

6. Contractor : _____

Contractor's Phone Number: _____

7. Type Of Facility:

- Residential
- Commercial/Institutional

Specify Type of Establishment: _____

8. Type of Wastes to be Discharged:

- Sanitary Sewage
- Industrial Wastes
- Other—Specify Type

9. If d. or e. in 1. above are checked, indicate the type of malfunction and its cause (check all that apply):

- Contamination of nearby wells or surface water bodies by sanitary sewage or effluent
- Ponding or breakout of sanitary sewage or effluent onto the surface of the ground
- Seepage of sanitary sewage or effluent into portions of building below ground
- Back-up of sanitary sewage into the building served, which is not caused by a physical blockage of the internal plumbing
- Any manner of leakage observed from components that are not designed to emit sanitary sewage or effluent.
- Direct discharges to ground water (no zone of treatment)

Describe the cause of the malfunction: _____

10. Please expand on Question #1, above, by checking if any of the following apply):

- A privy, outhouse, latrine or pit toilet is present, a system must be installed,
- A system must be upgraded as part of a real property transfer,
- A cesspool has been identified during a real property transfer and a conforming system must be installed
- A malfunctioning cesspool has been identified and a conforming system must be installed.

11. Other Approvals/Certification/Waivers/Exemptions (Attach to Application): **7:9A 150**

- Pinelands Commission
- Highlands Water Protection and Planning Act
- U.S. Army Corps of Engineers
- NJDEP—Bureau of Flood Plain Management
- Other—Specify:

12. I hereby certify that the information furnished on Form 1 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 _____

FOR AGENCY USE ONLY

- Application Denied—Reason for Denial/Citation of Rules Violated: _____
- Application Approved
- Application Approved Subject to Approval by NJDEP

Date of Action _____ Signature of Authorized Agent _____

Name _____ REHS

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