

APPLICATION FOR PERMIT TO REPAIR 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. Repair (in-kind replacement)/ Malfunctioning system
 b. Repair (in-kind replacement) System is not malfunctioning

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: _____

12. PROVIDE DESCRIPTION OF WORK TO BE CONDUCTED

13. PROVIDE SKETCH OF WORK TO BE CONDUCTED (OR ATTACH SEPERATE PAGE)

14. 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

Morris County / Mine Hill Township