

Ringwood Health Department
Application to INSTALL an Individual Subsurface Sewage Disposal System

General Information

Location of Project: _____ Block _____ Lot _____

Property Owner Name & Address: _____

Property Owner's Phone #: _____

Name of Contractor: _____

Contractor's Address: _____

Contractor's Email _____ **Phone** _____

Type of Facility:
____ Residential ____ Commercial/Institutional

Type of Waste to be discharged:
____ Sanitary Sewage ____ Industrial Wastes ____ Other (Specify type _____)

Type of System: Conventional _____ Alternate Treatment _____

Plumbing & Electrical Permit _____

If Alternate Treatment: Type of Unit _____ Signed Service Agreement _____

I hereby certify that the information furnished on this application is true. I am aware that false swearing is a crime in New Jersey and subject to prosecution.

Signature of Applicant: _____ **Date:** _____

Signature of Licensed Contractor: _____ **Date:** _____

Signature of Health Department Official: _____ **Title:** _____

Approved – DEPT. OF HEALTH

DATE _____

PERMIT FEE: \$100.00

Date: _____ Receipt #: _____