

Ringwood Health Department

Application to REPAIR an Individual Subsurface Sewage Disposal System

General Information

1. Location of Project: Address _____ Block _____ Lot _____

2. Name of Home owner: _____

Phone number: _____

Address: _____

3. Name of Contractor: _____

Contractors Address: _____

Email _____ Phone: _____

4. Type of Facility:

____ Residential

____ Commercial/Institutional (Specify type : _____)

5. Type of Waste to be discharged:

____ Sanitary Sewage

____ Industrial Wastes

____ Other (Specify type: _____)

6. Type of Repair: Tank _____ Baffle _____ D-Box _____ Pipes _____ Pump _____

7. 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 _____

RFEE: \$25.00

Date: _____ Receipt #: _____