



Ringwood Health Department
Borough of Ringwood

60 Margaret King Ave
Ringwood, NJ 07456
(973) 962- 7079

APPLICATION FOR SDS INSTALL

Fee: Alteration \$100

New Construction: \$150

Location of Property _____
Block: _____ Lot: _____
Name of Property Owner: _____
Name of Contractor : _____ Phone: _____
Phone: _____ Email: _____
Address: _____

Type of Facility: Commercial Residential

Type of Waste to be Discharged: Sanitary Sewage Industrial Waste
Other: _____

Type of System:

- Conventional
 ATU

Type: _____

Signed Service Agreement: Yes No

I hereby certify that the information furnished on this application is true.

Signature of Applicant: _____ Date: _____

Signature of Contractor: _____ Date: _____

Signature of Applicant: _____ Date: _____

FOR HEALTH DEPARTMENT USE ONLY

Approved _____ Title _____ Date _____
(Signature of Health Department Official)