



Ringwood Health Department
Borough of Ringwood

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

APPLICATION FOR SDS REPAIR

Fee: \$50

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 Repair: Tank Baffle D-Box Pipes Pump

Please provide a sketch of proposed repairs. If replacing a pump, please provide a copy of spec sheet.

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)

Permits Required: Electrical Plumbing