Township of Mahwah

HEALTH DEPARTMENT
475 Corporate Drive, PO BOX 733 Mahwah, N.J.
Phone: 201-529-5757, ext. 2 Fax: 201-529-8013

Application for PERMIT to ABANDON an Individual Subsurface Sewage Disposal System

Location of Project: _____ _____ _____
(Block) (Lot) (Street Address)

Property Owner Name & Phone No.: _____

Property Owner Address: _____

Name of Contractor: _____

Contractor's Address: _____

Contractor's Email: _____ **Phone:** _____

Type of Facility: ☐ Residential ☐ Commercial/Institutional

Reason for Abandonment: ☐ Hook up to public sewer ☐ Install new septic system

Components to be abandoned: ☐ cesspool ☐ septic tank ☐ seepage pits ☐ disposal field

Components will be abandoned: ☐ on-site ☐ off-site

Materials to be used for on-site abandonment: _____

Soil Movement Permit obtained/applied for? ☐ YES ☐ NO

Diagram with locations and distance markings included? ☐ YES ☐ NO

I hereby certify that the information furnished on this application is true, and that abandonment procedures will conform to NJAC 7:9A-12.8.

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

Mahwah Septic Installer License Number: _____

☐ APPROVED ☐ REJECTED ☐ $50 PERMIT FEE RECVD **PERMIT NO:** _____

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