

MAHWAH HEALTH DEPARTMENT

Application to INSTALL an Individual Subsurface Sewage Disposal System

General Information

Location of Project: _____
Block Lot Street Address

Property Owner Name & Phone #: _____

Property Owner Address: _____

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 ☐ Advanced Treatment

If Advanced Treatment, type of Unit: _____ Signed Service Agreement? _____

Soil Movement Permit obtained/applied for? _____ Electrical Permit obtained/applied for? _____

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

Signature of Licensed Contractor: _____ Date: _____

Mahwah Septic Installer License Number: _____

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

Signature of Health Department Official: _____ Date: _____