ENVIRONMENTAL HEALTH UNIT
201 SOUTH SHORE ROAD
NORTHFIELD, NJ 08225
609-645-5971 FAX 609-645-5923

ADDITION/RENOVATION
SEPTIC SYSTEM IMPACT REVIEW

Contact Person _____ Phone _____

Address _____

_____

Municipality _____ _____ Block _____ Lot _____

Type of Addition/Renovation:

_____

_____

_____

_____

_____

Number of existing bedrooms: _____

Number of bedrooms after addition/renovation: _____

Size of existing septic tank: _____ Size of existing disposal bed: _____

Approximate age of existing building: _____

PLEASE INCLUDE A DIAGRAM SHOWING THE FOLLOWING:

1. **THE LOCATION OF THE EXISTING SEPTIC SYSTEM**
2. **THE EXISTING BUILDING(S) AND PROPOSED ADDITION(S)/RENOVATION(S)**
3. **THE DISTANCE(S) FROM THE BUILDING(S) TO THE SEPTIC SYSTEM**

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