TOWNSHIP OF MENDHAM
Health Department
P.O. Box 520, 2 West Main Street
Brookside, NJ 07926

Application for Certificate of Continued Use

Of an Existing Individual Subsurface Sewage Disposal System

Certificate of Continued Use Fee:	**Receipt #:**
☐ $45	

DATE:	BLOCK:	LOT:
PROPERTY OWNER:	PHONE #:	
ADDRESS OF PROPERTY:	CITY:	STATE/ZIP:
MAILING ADDRESS (if different than above):		

Type of Facility: ☐ Residential ☐ Commercial

On Site Inspection: ☐ Visual Check of Ground Surface Date Performed: _____

Tests Performed: ☐ Dye Test* ☐ Probe Test* ☐ Usage Test*
*All tests must be performed Date Performed: _____ Date Performed: _____ Date Performed: _____

I certify that I personally made the on-site inspection of the subject property and conducted the tests as required by the Township of Mendham Board of Health Code, Chapter 383-18. I further certify that the inspection and tests did not reveal or produce evidence of any overflow of the system or evidence of any seepage from the system into any watercourse as defined in the State Standards, N.J.A.C. 7:9A-2.1.

Witnessed By:

_____
Professional Engineer Name

On:

_____
Date

_____
Professional Engineer Signature

_____
License #

Seal

-OR-

Witnessed By:

_____
Registered Environmental Health Specialist

On:

_____
Date

_____
License #

Filled with the Mendham Township Board of Health on: _____

By: _____