MAHWAH HEALTH DEPARTMENT

Application to REPAIR 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 repair: ☐ **Tank** ☐ **Baffle** ☐ **D-Box** ☐ **Pipes** ☐ **Pump** ☐ **Other** _____

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

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

Mahwah Septic License # _____

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

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