TOWNSHIP of MONTGOMERY

SOMERSET COUNTY

DEPARTMENT OF HEALTH

Also serving the Borough of Rocky Hill

100 Community Drive Skillman, New Jersey 08558

Phone: 908-359-8211 Fax: 908-430-7336 Email: Health@montgomerynj.gov

SEPTIC REPAIR/ALTERATION APPLICATION

(Please read the definitions below, check the appropriate category, & complete both sides of this form)

☐ **ALTERATION [$175.00]** means any change in the physical configuration of an existing individual subsurface sewage disposal system or any of its component parts, such that there will be a change in the location, design, construction, size, capacity, type of, or number of one or more components. A permit to alter requires site evaluation and soil testing to be observed by the Administrative Authority. The alteration shall be made in conformance with plans and specifications prepared by a licensed New Jersey professional engineer and in conformance with N.J.A.C. 7:9A. Two (2) design copies signed and sealed by a professional engineer must be submitted with this application.

☐ **Alternative Technology (will require deed note filed w/ Somerset County Clerk)** ☐ **Conventional Technology**

☐ **REPAIR [$75.00]** means to fix, refurbish or replace one or more components of an individual subsurface sewage disposal system in a manner that will restore and preserve the original location, design, and construction of the system. A sketch of the location and size of all the existing septic system components and a detailed description of how the repair will be done must be included.

IS PROPERTY PART OF THE SEPTIC TANK MANAGEMENT DISTRICT? ☐ YES ☐ NO*

(* If the property is <u>not</u> currently licensed in septic tank management district, an <u>additional $60 fee</u> ($25 for Alternative Systems) will be added & a septic tank management license application must be completed)

PART I: (PLEASE PRINT CLEARLY)

PROPERTY OWNER: _____

PHONE:_____ EMAIL: _____

PROPERTY INFORMATION:

STREET ADDRESS: _____

TOWN/ZIP CODE: _____

BLOCK: _____ LOT:_____ NUMBER OF BEDROOMS: _____

SYSTEM INSTALLER:_____

INSTALLER'S PHONE: _____ EMAIL: _____

PROPERTY IS SERVICED BY: ☐ PUBLIC WATER ☐ PRIVATE WELL

IS PROPERTY WITHIN THE WETLANDS OR WETLANDS BUFFER AREA? ☐ YES * ☐ NO

*** If yes: a Wetlands General Permit 24 authorization is required from the New Jersey D.E.P.**

PART II - SKETCH OF REPAIR: (Please draw a detailed sketch of all system components)

DESCRIPTION OF REPAIR/ALTERATION:

_____

_____

_____

_____

PART III:

The property owner hereby recognizes that the issuance of a permit by the Administrative Authority to alter or repair the above specified system shall not be construed or relied upon as a guarantee that the system, as repaired or altered, will function satisfactorily, nor shall it in any way restrict the powers or responsibilities of the Administrative Authority in the enforcement of any law or ordinance relating to public health. Henceforth, the property owner further understands the septic system shall be subject to the provisions of the Montgomery Township Board of Health Septic Management Code.

_____ _____

Signature of property owner (required) Date

PART IV:

I agree to install the sewage disposal system in accordance with the approved design and all applicable state and local codes. I understand that no deviations from the design will be allowed without specific prior approval of the Administrative Authority & the design engineer.

_____ _____

Signature of Installer (required) Date

PART V: (to be completed by Health Department)

Alteration/Repair Permit No.: _____ Date Permit No. Issued: _____

MONTGOMERY TOWNSHIP HEALTH DEPARTMENT

PART VI: (To be completed only if property is not part of the Septic Tank Management District)

I hereby apply for a license to operate, use, and maintain an on-site subsurface wastewater disposal system to serve the below designated property located within Montgomery Township. I certify that to the best of my knowledge, the information being furnished is true and correct.

→ Date of Application: _____ **Signature:** _____

Health Department Use Only:
STM License Number: _____

PAYMENT: Please attach a check for the license fee in the amount of **$60.00** for conventional system or **$25.00** for alternative system made payable to "Montgomery Township", 100 Community Drive Skillman, NJ 08558. **Note:** Conventional system licenses are renewed every 3 years. Alternative technology system licenses are renewed annually.

Name of Property Owner: _____

Address of System Location: _____

Location City, State, Zip Code: _____

Block: _____ **Lot:** _____ **Property Owner Email:** _____

Phone #: Home: ( ) _____ **Work:** ( ) _____

1. The Septic System Serves:

☐ Single Family Residence Number of Bedrooms: _____

☐ Business Offices Number of Employees: _____

☐ Commercial Use Type of Business: _____ Number of Employees: _____

2. Year The System Was Installed: _____

3. Has A Previous Repair Been Done? ☐ **No** ☐ **Yes – Please give year of repair:** _____

4. Size of Septic Tank: _____ **gallons**

Type of System:

☐ Gravity

☐ Gravity Dosing - Size of Pump Tank _____ gallons

☐ Pressure Dosing - Size of Pump Tank _____ gallons

☐ Peat or Coco Biofilter

☐ Aerobic (HOOT, JET, NORWECO or similar technology)