## **BOROUGH OF MOUNT ARLINGTON**



## **DEPARTMENT OF HEALTH**

419 Howard Blvd. Mount Arlington, NJ 07856 Phone: (973) 398-6832 Ex. 125 www.mounarlingtonboro.com



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oate:
ımt. Rec'd:

## INDIVIDUAL SEWAGE DISPOSAL SYSTEM APPLICATION

New Construction	Alteration/Re	pair	Date \$			
Location of Property: Block _		Lot				
Street		Tax Map No				
Name of Owner		Phone No				
Address						
Street To	wn	State	Ziţ	o Code		
	IN	ISTRUCTIONS				
This application for a Permit to Locat		N.J.D.E.P. "Standards for the office of the		b-Surface Sewage Di	sposal	
	D	ESIGN DATA				
Type of Building: Commercial	Single Family Dwelling	l	No. of Bedrooms		<del> </del>	
Building other than Single Family Dwe	elling: Type and Use					
Estimated Value of Sanitary Sewage						
SEPTIC TANKS (Minimum r	requirement- two (2) s	eptic tanks for eac	h new system)			
No. of Tanks Capacity	of EachCon	struction Material				
GARBGE DISPOSAL: Yes _	No If yes,	state septic tank cap	pacity increase			
DISPOSAL BEDS/TRENCHE						
Alteration/Repair Description:						
WATER SUPPLY FOR THIS	PROPERTY:	Public	Private	Other		
If a new construction is proposed with	h a private water supply, an appr	roved well installation and y permit.	ield must be obtained prior to is:	suance of the septic	system	
	Certificat	e of Qualified Pers	on			
I hereby certify that the information fu Control Act (N.J.S.A. 58:10			that falsification of data is a violabject to penalties as prescribed		ollution	
Signature	P.E	. License No	Date		Application Fee:	
Firm					Alteration/Repair: \$75.	
Address					New Residential: \$150.	