



**MONTVILLE TOWNSHIP HEALTH DEPARTMENT**

195 Changebridge Road  
Montville, NJ 07045  
(973)331-3316  
(973)331-9287 (fax)



**Public Health**  
Prevent. Promote. Protect.

# APPLICATION FOR PERMIT TO REPAIR AN INDIVIDUAL SEWAGE DISPOSAL SYSTEM

In accordance with Chapter 430 Public Laws of 2000 as Adopted by Ordinance

**Property Owner:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Owners Phone Number:** \_\_\_\_\_

**Block** \_\_\_\_\_ **Lot** \_\_\_\_\_

**Contractor Name:** \_\_\_\_\_

**Contractor Address:** \_\_\_\_\_

**Contractor Phone Number:** \_\_\_\_\_

**Type of Building to be Served:** Dwelling \_\_\_\_\_ Garage: \_\_\_\_\_ Other: \_\_\_\_\_

**PLEASE SPECIFY BELOW WHICH COMPONENT(S) OF THE SYSTEM IS TO BE REPAIRED**

- 1.
- 2.
- 3.
- 4.

\_\_\_ Septic Tank    Liquid Capacity \_\_\_\_\_ Gallons

Materials: Concrete \_\_\_\_\_ Other(specify) \_\_\_\_\_

Width: \_\_\_\_\_ Length: \_\_\_\_\_ Diameter: \_\_\_\_\_

\_\_\_ Baffle Replacement

\_\_\_ Connecting Pipe    Material: \_\_\_\_\_ Size: \_\_\_\_\_

\_\_\_ Distribution Box:    Material: \_\_\_\_\_ Size: \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

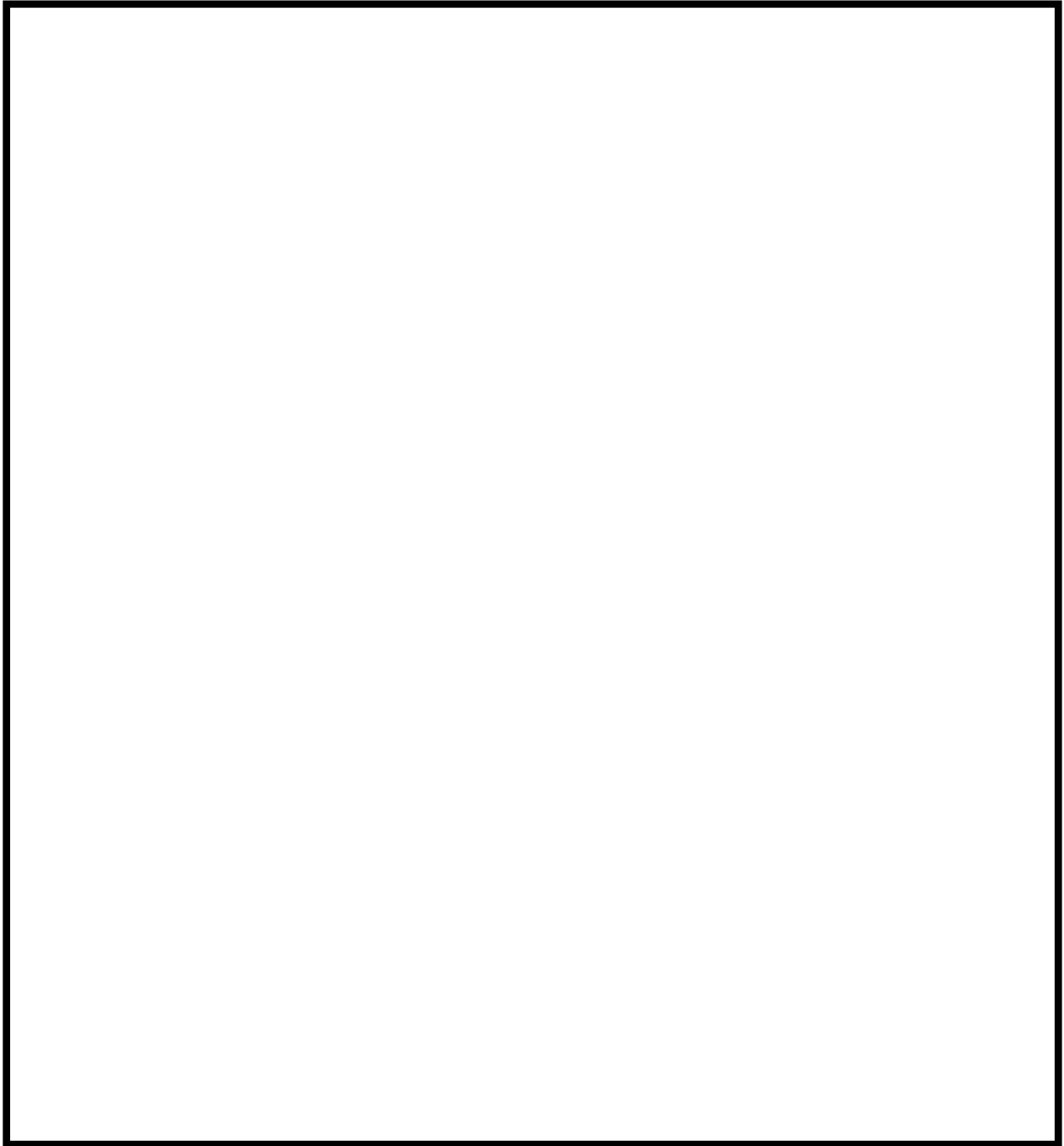
**Permit/Application fee:** \_\_\_\_\_

**Sketch an accurate plan showing the following: lot dimensions, location of house, location of each unit of the disposal system, all buildings and large trees in the disposal area, include dimensions from the house, side and rear lot lines, auxiliary buildings, and sewage units and wells on adjoining properties.**

Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Drawn by: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_



Approved \_\_\_\_\_ Denied \_\_\_\_\_ Reviewer \_\_\_\_\_ Date \_\_\_\_\_



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*Application Instructions for:*

## PERMIT TO REPAIR A SEPTIC SYSTEM

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Dear Applicant:

Attached is the application to repair an existing septic system. Please complete the appropriate sections to detail the intended work. This permit shall be used in cases of minor repairs to existing septic systems only (cracked tank, baffle replacement, cracked line, etc). In the event that more extensive work is needed on the system (replace the disposal field, etc.), a different application will be required.

A Montville Township licensed contractor must perform all work to septic systems. This department must inspect all work prior to back filling. It is the contractor's responsibility to contact us for an inspection. Please contact us 24 hours in advance of the requested inspection time.

The permit fee for a repair is \$75.00. Please allow us one week to review this application and issue this permit. Please do not hesitate to contact us at (973) 331-3316 if you have any questions regarding this permitting process.

Your anticipated cooperation is appreciated.