



**TOWNSHIP OF HARDING
BOARD OF HEALTH
REPAIR OF INDIVIDUAL SUBSURFACE SEWAGE
DISPOSAL SYSTEM
FEE: \$275.00**

21 Blue Mill Road, P.O. Box 666
New Vernon, New Jersey 07976
(973) 267-8000 Ext. 715

Repair means to fix, refurbish or replace one or more components of an individual subsurface sewage disposal system in a manner that will restore, preserve and not change the original location, design, construction and installation size, capacity, type or number of the components of the system. (N.J.A.C. 7:9A-3.3(d))

SITE INFORMATION:

PROPERTY LOCATION: _____ BLOCK: _____ LOT: _____

MAILING ADDRESS: _____

OWNER: _____

PHONE: _____ EMAIL: _____

CURRENT OCCUPANT (if different than owner): _____

PHONE: _____ EMAIL: _____

NUMBER OF EXISITING BEDROOMS: _____

IS THERE A GARBAGE DISPOSAL/GRINDER ON ANY SINKS(S)?: YES NO

PROJECT INFORMATION:

Briefly describe the component(s) to be repaired, including location and approximate size:

PROJECT CONTRACTOR: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

The following information must be provided with the permit application:

Will there be any changes, additions or deletions to the house plumbing system? YES NO
 If yes, describe:

Will there be any removal or demolition of existing buildings or structures? YES NO
 If yes, the following information may be required, as applicable:
Extermination: A letter from a licensed exterminator indicating the type of infestation (none detected, wood destroying insect, rodent or other), the type and date of treatment, certification of completion.
Public Water Disconnect: A letter from the public water supply indication the disconnection of the water has been completed.

PLAN REQUIREMENTS CHECKLIST:

Scaled plot plans, surveys, drawings and designs may be required that show the following information:

<input type="checkbox"/>	The locations of all permanent improvements, including, but not limited to: driveways, house foundations, pools, out-buildings, decks, underground storage tanks: underground drainage lines and underground utilities.
<input type="checkbox"/>	Lot boundaries and location of neighboring or adjacent septic systems and wells.
<input type="checkbox"/>	The specific location (as-built, not as-planned) of the site's septic system components including the septic tanks, lines, D-box, laterals, curtain drains, etc. Indicate on plan, the method of determining the location.
<input type="checkbox"/>	The specific location of the site's well.
<input type="checkbox"/>	The specific location(s) of roof drainage seepage pits.
<input type="checkbox"/>	Proposed construction access waters.
<input type="checkbox"/>	Streams. Ponds, or other surface waters.

NOTE: The Health Department may have some of this information, check the files.

 Applicant Name

 Applicant Signature

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FOR DEPARTMENT USE ONLY

DATE RECEIVED: _____ INSPECTED BY: _____ RECEIPT NO.: _____

INSPECTOR COMMENTS: _____

