



BERGEN COUNTY DEPARTMENT OF HEALTH SERVICES

Septic System Repairs to Existing System

1. Location of Project:

Municipally Borough of Old Tappan Block _____ Lot _____
Address _____ Zip 07675
Homeowner's name _____
Description of repair _____

2. Name of Applicant (Please Print) _____

3. Applicant's Present Address _____

4. Applicant's Phone Number _____ Email _____

5. Type of facility: Residential Commercial

6. Type of Wastes to be Discharged: Sanitary Sewage Industrial Wastes
Other Specify- _____

7. Other Approvals/Certifications/Waivers/Exemptions (Attach to Application):
Pinelands Commission US Army Corps of Engineers NJDEP-Bureau of Flood Management
Other Specify _____

8. I hereby certify that the information furnished on this application is true. I am aware that false swearing is a crime in this State and subject to prosecution.

Signature of Applicant _____

FOR AGENCY USE ONLY

_____ Application Denied - Reason for Denial/Citation of Rules Violated: _____

_____ Application Approved

_____ Application Approved, Subject to approval by NJDEP

Date of Action _____

Signature of Authorized Agent _____

Name and Title _____

COUNTY: BERGEN

MUNICIPALITY: OLD TAPPAN