

TOWNSHIP OF DENVILLE

DEPARTMENT OF HEALTH

CARLOS PEREZ, JR.
Health Officer
Ext. 268

KATHLEEN SCOLLANS
Registrar of Vital Statistics
Ext. 266

KELLY LOMBARDI
Health Department Secretary
Ext. 261

OFFICE PHONE:
973-625-8300 Ext 261



LAURA DECKER
Registered Environmental
Health Specialist-
Asst. Health Dept. Supervisor
Ext. 260

PEGGY GROSSMAN
Public Health Nurse
Supervisor
Ext. 264

OFFICE FAX:
973-627-8371

DENVILLE SEPTIC REPAIR APPLICATION

Permit Fee \$100

A repair is the replacement of one or more components of an individual subsurface sewage disposal system in a manner that will not change the original location, construction, size, capacity, type or number of components.

1. Location of Project:

Street Address: _____

Block: _____ Lot: _____

2. Name of Owner: _____

Owner's Address: _____

Owner's Phone #: _____

3. Type of Facility:

Residential # of Bedrooms if Residential _____

Commercial/Institutional _____ gallons/day

4. Reason for Repair:

Ponding/Breakout onto the Ground

Backup of Sewage into Residence

Failed Home Inspection (A copy of the NJDEP Onsite Inspection Form must be attached)

Select Fill Clogged

Other (please specify) _____

5. Approximate Age of System: _____

1 ST. MARY'S PLACE, DENVILLE, NJ 07834

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6. Septic Design on File:

- Yes
- No

7. Nature of Repair:

_____ Tank Replacement (type/size) _____
(indicate concrete/plastic/fiberglass)

_____ Baffle

_____ Riser

_____ Distribution Box

_____ Dosing Tank (type/size) _____

_____ Connecting Line (Schedule 40 PVC or equiv.) size/length _____
bed (LWD) _____

_____ Trenches (# of trenches, LWD) _____

_____ Seepage Pit (size) _____

_____ Other _____

7. Include a sketch of the proposed repair with the application. The sketch must include the house, septic tank, trenches or bed, well location, and other water courses. Please note if the repair work is only a baffle or riser, the disposal field area does not need to be located on the sketch.

8. The existing septic tanks must be pumped for all repairs, with the only exception being adding a riser to grade.

9. As-Built Required _____

Note: An As-Built by the installer is required for Bed/Trench/Seepage Pit replacement.

9. Contractor/Excavator/Installer Information:

Name: _____

Address: _____ Phone: _____

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I hereby certify that the information furnished in this application is true. This application approval is not to be considered a guarantee that the above mentioned repair will correct a malfunction, only that the repair is in conformance with Chapter 9A, Standards for Individual Subsurface Sewage Disposal Systems. An alteration may be more appropriate to correct this malfunction. This would include soil testing and a septic design by an engineer.

Signature: _____ Date: _____

Please Note: The applicant is responsible for obtaining all other required Federal, State or Local approvals prior to the commencement of work under this approval, including, but not limited to, NJDEP permits.

The repair is approved for only the components being replaced as stated on the permit.

For Office Use Only:

_____ Approved _____ Denied: _____

Signature of HO/REHS : _____

Installation Flow Sheet

Date:

Inspector:

Remarks:

- Pump receipt required
- Pump receipt provided

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Septic tank, risers and inspection ports shall be tested for water tightness after installation and before filling, using hydrostatic or vacuum test:

- Yes
- No

(Final paperwork will not be released without this document)

Select Fill Cert. Provided

- Yes
- No
- N/A

As Built Provided

- Yes
- No
- N/A