



DENVILLE DIVISION OF HEALTH  
1 St. Mary's Place  
Denville, NJ 07834  
(973) 625-8300, Ext. 260

**DENVILLE STANDARD  
FORM FOR CERTIFICATE  
OF COMPLIANCE**

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

**Instructions:** Part A is to be completely filled in for all Certifications. Only Part B or Part C will be completed. Part B will be completed if the administrative authority relies upon the certification signed and sealed by a New Jersey licensed professional engineer that the system has been located, constructed, installed or altered in compliance with the requirements of N.J.A.C. 7:9A-1 and the Application to Construct/Alter/Repair an Individual Subsurface Sewage Disposal System which was approved by the administrative authority. Part C will be completed if the administrative authority performs the certification.

**Part A – General Information**

1. Permitted Activities (check applicable categories):

Permit Number \_\_\_\_\_

- New Construction
- Alteration/Expansion or Change in Use
- Deviation from Standards
- Alteration/No Expansion or Change of Use
- Alteration/Malfunctioning System
- Repairs to Existing System

2. Location of Project:

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

3. Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Applicant's Phone Number: \_\_\_\_\_

**Part B – Professional Engineer's Certification**

I certify under penalty of law that the subsurface sewage disposal system identified in Part A has been located, constructed, installed or altered in compliance with the requirements of NJAC 7:9A-1 and the Application to Construct/Alter/Repair an Individual Subsurface Sewage Disposal System which was approved by the Administrative Authority. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Name (Print): \_\_\_\_\_

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

SEAL

License #: \_\_\_\_\_ Date: \_\_\_\_\_



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**Part C – Certification by Administrative Authority**

I certify under penalty of law that the subsurface sewage disposal system identified in Part A has been located, constructed, installed or altered in compliance with the requirements of N.J.A.C. 7:9A-1 and the Application to Construct/Alter/Repair and Individual Subsurface Sewage Disposal System which was approved by the Administrative Authority. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Authorized Signature	Type of License Held
Name (Typed or Printed)	License Number

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

**FOR HEALTH DEPARTMENT USE ONLY**

Date Received: \_\_\_\_\_

Form determined to be:

- Complete
- Incomplete

Date Returned: \_\_\_\_\_

Date Received: \_\_\_\_\_

Date Certification Approved: \_\_\_\_\_

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