

Township of Warren Board of Health

Somerset County

46 Mountain Boulevard, Warren, New Jersey 07059-5695
908-753-8000 Extension 239 – (Fax) 908-757-9173

SEPTIC ABANDONMENT APPLICATION

Date: _____ Block _____ Lot(s) _____

Owner's Name: _____

Address _____ Day Phone: _____

Applicant's Name (if different from owner): _____

Address _____ Day Phone: _____

Reason for abandonment:

_____ Connection to Sewer
Warren Township Sewerage Authority Resolution Number and date _____

_____ Connection to new subsurface sewage disposal system.

_____ Other _____

Provide sketch – location of the following:

House, driveways, garages, fences, walls, oil tanks, gas lines, wells, septic tanks(s), septic field(s), water line, proposed sewer line, pool(s), drainage easements, large trees.

Other _____

Water Supply: _____ Public Water – Provider _____

Please check one _____ Well – Depth of Well _____

_____ Other – Describe _____

Signature of Owner *Date*

Signature of Applicant (if different) *Date*

NOTE:

- Obtain Plumbing Permit from the Construction Department
- Abandonment must be witnessed and verified by plumbing inspector or Health Department.
- Public Service Electric and Gas Customers - for Safety – *Call Before You Dig* 1-800-272-1000 for a free mark out of underground lines.

For Office Use:

Application Fee Received: \$ _____ Check No./Cash _____ Receipt No. _____ By: _____

Health Department Pumping Permit Number: _____

Health Department Septic Abandonment Permit Number: _____