

*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

**APPLICATION FOR PERMIT TO REMOVE  
THE CONTENTS OF SEPTIC TANK, CESSPOOL,  
PRIVY OR OTHER RECEPTACLE**

Date: \_\_\_\_\_ Block \_\_\_\_\_ Lot(s) \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Address \_\_\_\_\_ Day Phone: \_\_\_\_\_

Applicant's Name (if different from Owner) \_\_\_\_\_

Address \_\_\_\_\_ Day Phone: \_\_\_\_\_

Name of Pumping Contractor \_\_\_\_\_

Address \_\_\_\_\_ Phone #: \_\_\_\_\_

Disposal Site: Name and Address: \_\_\_\_\_

Water Supply: \_\_\_\_\_ Public Water – Provider \_\_\_\_\_

Please check one \_\_\_\_\_ Well – Depth of Well \_\_\_\_\_

\_\_\_\_\_ Other – Describe \_\_\_\_\_

All work is subject to inspection and approval by the Health Officer or his designee.

Failure to comply with the applicable provisions of N.J.A.C. 7:9-2.1 et. seq., N.J.S.A. 58, and Warren Township Ordinance 66-2A will result in revocation of the permit.

\_\_\_\_\_  
Signature of Owner Date

\_\_\_\_\_  
Signature of Applicant or Contractor (if different) Date

Fee Paid: \$ \_\_\_\_\_

Check No./Cash \_\_\_\_\_

Receipt No. \_\_\_\_\_

Pump Permit No. \_\_\_\_\_