WARREN TOWNSHIP BOARD OF HEALTH

APPLICATION FOR ALTERATION OR REPAIR OF EXISTING INDIVIDUAL SEWAGE DISPOSAL SYSTEM

Date: _____

1. Owner: Name _____
   (please print)
   Address: _____
   (please print)

2. Address of Property:_____
   (please print)
   _____Dimensions of Lot: _____

   Block: _____ Lot(s): _____

3. Name and Address of Septic Contractor: _____
   (please print)

   _____

4. System designed for service of:
   ____ One family dwelling ____ Other _____
   (specify)

5. Engineer: _____
   (Name, please print)

   _____ _____
   (Address, please print) **PHONE NUMBER**

6. Describe tanks and type of disposal area proposed: _____

   _____

7. State problem and proposed solution:
   _____
   _____
   _____

8. On back of this sheet, draw a sketch of existing system and proposed corrections in relationship to house or building (show all wells, water courses, structures, driveways and trees within 100' of disposal system).

9. All proposed alterations should be discussed with the Health Officer or his designee prior to construction.

10. An inspection of the alteration must be scheduled twenty-four (24) hours in advance before covering with soil.

_____
Signature of Applicant or Contractor

Please submit three (3) copies of Engineer's Drawings and soil logs if applicable
NOTE: ALL WORK SUBJECT TO INSPECTION AND APPROVAL.
Approved by:_____Date: _____
Health Officer or Designee

septic repair/alteration/formsrevised **FEE: _____DATE RECEIVED_____BY_____**