

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