

## WARREN COUNTY HEALTH DEPARTMENT

700 Oxford Road  
Oxford, New Jersey 07863  
Telephone (908) 475-7960  
Fax: (908) 475-7964

**PETER SUMMERS**  
Health Officer



### REQUIREMENTS FOR SEPTIC REPAIRS (COMPONENT REPLACEMENT & AIR INJECTION)

1. Application for repair and a check for \$50 made out to Treasurer, County of Warren.
2. Sketch of the property drawn from a survey or plot plan, if available. The sketch must be drawn to scale and include:
  - a.) Property lines
  - b.) Dwelling
  - c.) Well or water line
  - d.) Location of existing septic components
  - e.) Location of proposed septic components
  - f.) Distances between the above items
3. Scope of work
4. Specifications (i.e. concrete septic tank, Sch. 40 PVC pipe)
5. Method of abandonment of existing components

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**APPLICATION FOR PERMIT TO REPAIR AN INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM**

Municipality \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

Location of Project \_\_\_\_\_  
(street / development)

Applicant \_\_\_\_\_ Telephone (day) \_\_\_\_\_

Current Mailing Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

Type of Permit (Check ALL applicable categories):

Repair / Malfunctioning System       Repair / Real Estate Transaction  
 Repair / Expansion or Change in Use      Estimated Closing Date \_\_\_\_\_  
 Repair / Upgrade

Type of Facility:

Residential       Commercial       Other (specify) \_\_\_\_\_

Type of Wastes to be Discharged:

Sanitary Sewage       Industrial Waste       Other (specify) \_\_\_\_\_

Name of Contractor (optional) \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Copy of original plan available:       Yes       No (Engineer may be required.)

Copy of home inspection / septic system inspection available:       Yes       No

**Please Submit A Copy Of The Original Installation Plan And /Or Report Of Inspection**

I hereby certify that the information furnished on this application is true. I am aware that false swearing is a crime in this State and subject to prosecution.

\_\_\_\_\_  
(Signature of Applicant)      \_\_\_\_\_ (Date)

\_\_\_\_\_ Application Denied – Reason for Denial / Citation of Rules Violated: \_\_\_\_\_

\_\_\_\_\_ Application Approved

Name and Title of Authorized Agent \_\_\_\_\_

Date of Action \_\_\_\_\_ Signature \_\_\_\_\_

Fee \$50.00 check or money order only  
Payable to Treasurer, County of Warren  
Check # \_\_\_\_\_  
Receipt # \_\_\_\_\_  
Date Paid \_\_\_\_\_  
Appl # \_\_\_\_\_

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\_\_\_\_ Residential:                    # Dwelling Units \_\_\_\_\_ Total # of Bedrooms \_\_\_\_\_  
\_\_\_\_ Commercial / Institutional (specify): \_\_\_\_\_

Describe Nature of Repair \_\_\_\_\_  
\_\_\_\_\_

Describe Reason for Repair (check ALL that apply):

- Contamination of nearby wells or surface water bodies by sanitary sewage or effluent
- Ponding or breakout of sanitary sewage or effluent onto the surface of the ground
- Seepage of sanitary sewage or effluent into portions of building below ground
- Back-up of sanitary sewage into the building served, which is not caused by a physical blockage of the internal plumbing
- Any manner of leakage observed from components that are not designed to emit sanitary sewage or effluent.
- Direct discharges to ground water (no zone of treatment)

Describe the cause of the malfunction: \_\_\_\_\_  
\_\_\_\_\_

Proposed System Components to be Used in Replacement and/or Repair:

\_\_\_\_ Grease Trap:   \_\_ Tank – Capacity (gal.): \_\_\_\_\_   \_\_ Baffles   \_\_ Lid   \_\_ Riser  
                          \_\_ Manhole   \_\_ Other (specify) \_\_\_\_\_

\_\_\_\_ Septic Tank:   \_\_ Tank – Capacity (gal.): \_\_\_\_\_   \_\_ Baffles   \_\_ Lid   \_\_ Riser  
                          \_\_ Manhole   \_\_ Other (specify) \_\_\_\_\_

\_\_\_\_ Dosing Tank:   \_\_ Tank – Capacity (gal.): \_\_\_\_\_   \_\_ Lid   \_\_ Riser   \_\_ Manhole  
                          \_\_ Pump   \_\_ Other (specify) \_\_\_\_\_

\_\_\_\_ Distribution Box:   \_\_ Box   \_\_ Lid   \_\_ Baffle / Elbow   \_\_ Manhole  
                          \_\_ Other (specify) \_\_\_\_\_

\_\_\_\_ Pipes:   \_\_ Connecting Pipe   \_\_ Delivery (pressure) Pipe   \_\_ Laterals   \_\_ Manifold  
                  \_\_ Inspection Ports   \_\_ Clean-outs   \_\_ Other \_\_\_\_\_

\_\_\_\_ Other (specify) \_\_\_\_\_

**Attach a sketch of the property drawn from a survey or plot plan, if available. Please show property lines, dwelling, well or water line, location of existing septic components, location of proposed septic components, distances between components.**