

Hopewell Township Health Department

201 Washington Crossing Pennington Road

Titusville, NJ 08560

Phone: (609) 737-0120 Fax: (609) 737-6836

Permit Number _____

Date Issued _____

Fee Received _____

Septic System Repair & Abandonment Application

Property Location _____ BLOCK _____ LOT _____

Applicant _____ Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____ Fax _____

Existing Information, (Check one)

___ Residential Single Family

No. of Bedrooms ___

___ Residential Multiple Family

No. of Dwelling Units ___

Bedrooms per Unit ___

___ Commercial/Institutional

Type of Establishment _____ Sq Ft of Facility _____

Total # Occupants or Employees per Shift _____ Meter Reading GPD _____

If estimate is based on water meter data, indicate source of data, frequency of readings average.

Existing Septic Tank Size _____ gallons Garbage Disposal y/n ___ Sewage Ejector y/n ___

Existing Disposal System (check one) Bed ___ Trenches ___ Seepage Pit(s) ___ Cesspool ___

Proposed Repair - Check Appropriate Category(s) Provide cut sheets for all new components

___ Septic Tank Installation or Replacement. Compartment(s) _____ Size _____ gallons
All new & existing tanks must be provided with locking manhole to grade. Add 250gal or 2 compartments

___ Connecting Pipes

___ D-Box Replacement, add monitor pipe to existing field

___ Pump Replacement Provide manufacturer _____ Horsepower _____

___ Connect washer or remove illegal discharge pipes

___ Septic Tank /Cesspool Abandonment

___ Replace filter bed material per engineer Monitor Ports are required

___ Dosing Tank Size _____ gallons Dose Volume _____ gallons Reserve Capacity _____ gallons

___ External Grease Trap - Gallons _____ Calculation _____

Other (Specify) _____

Describe Nature of Alteration or Repair(s):

General Plan of System Showing Locations of All System Components

[Empty box for General Plan of System Showing Locations of All System Components]

I hereby certify that the information furnished on this application (and attachments thereto) is true and accurate. I am aware that falsification of data is a violation of the Water pollution Control Act (N.J.S.A. 58:10A-1 et seq.) and is subject to penalties as prescribed in N.J.A.C. 7:14-8.

CONTRACTOR _____ PHONE # _____

ADDRESS _____ City _____

State _____ Zip _____ Fax _____ Cell Phone # _____

Applicant / Contractor's Signature _____

Office use

Application Approved _____	Inspector _____
Application Denied _____	Inspector _____
Authorizing Signature _____	Date _____
Repair Completed _____	Inspector _____
Septic System Abandonment Tanks Crushed and Filled _____	Inspector _____