

Municipal Complex
2 Jake Garzio Drive
Ewing, NJ 08628

Stephanie Mendelsohn
Health Director



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Sharon McNellis-Kissel
Health Officer

The Township of Ewing Board of Health

BERT H. STEINMANN, MAYOR

AARON T. WATSON, BUSINESS ADMINISTRATOR

SEPTIC SYSTEM PERMIT APPLICATION

Address of Property: _____ Block: _____ Lot: _____

Name of Owner: _____

Address of Owner: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ - _____ Fax: (____) _____ - _____ Email: _____

Name of Contact: _____ Title: _____

Phone: (____) _____ - _____ Fax: (____) _____ - _____ Email: _____

Name of Licensed Contractor: _____

Mobile Number: _____ Email: _____

Name of Licensed Contracting Company: _____

Address of Licensed Contracting Company: _____

Contact Person: _____

Phone Number: (____) _____ - _____ Email: _____

- (1) New Construction ----- \$500.00
- (2) Alteration t ----- \$500.00
- (3) Repairs to Septic Tank ----- \$250.00
- (4) Permit to Empty Septic Tank ----- \$10.00
- (5) Witnessing of soil logs, perks, etc., minimum two holes, \$100.00 (base charge)
- (6) Witnessing of each hole above the base charge ----- \$50.00 (per hole)
- (7) Witnessing of a septic system abandonment (not in conjunction with a new or altered system) --- (\$50.00)

* Ewing Township Health Department must have prior notification of the event. Health Department Inspector(s) must be onsite at time of Construction or Abandonment and witness the process in its entirety.

The undersigned applicant agrees to construct, maintain, and/or abandoned the aforementioned septic system in accordance with the provision of N.J.A.C 7:9A "Standards for Individual Subsurface Sewage Disposal Systems Statuary Authority", the governing Code for the State of New Jersey and any local ordinances.

I CERTIFY TO THE BEST OF MY KNOWLEDGE ALL FACTS AND DATA SUPPLIED ARE TRUE AND CORRECT.

Applicants Name (Print): _____ Title: _____

Applicant's Signature: _____ Date: _____

OFFICIAL USE ONLY

Received by: _____ Date: _____

Fee Collected: _____ Cash: _____ Check: _____ Credit Card: _____

Health Officer's Signature: _____ Date: _____

(PAYMENT SHALL BE MADE TO THE TOWNSHIP OF EWING)