



PRINCETON HEALTH DEPARTMENT

One Monument Drive -- Princeton, NJ 08540

Phone: (609)497-7608 Fax: (609)924-7627

SEPTIC SYSTEM APPLICATION

Application for Permit to Locate and Construct an Individual Septic System PLEASE SUBMIT TWO (2) COPIES OF THE SEPTIC PLAN



Public Health Prevent. Promote. Protect. Princeton Health Department

Name of Applicant (Print): _____

Street Address: _____ Phone No. _____

Block: _____ Lot: _____

E-mail: _____

Owner (if not the same as above): _____

Address: _____ Phone No. _____

Contractor: _____ E-mail: _____

Address: _____

Phone No. _____ Fax No. _____

- Checkboxes for New Construction, Alteration, Repair (Minor & In-Kind Replacement), Repair (Tank & Disposal Review), Septic Plan Revision, and (\$75) Septic Abandonment.

Type of Facility: Residential Non-residential

Type if Non-Residential: _____

Type of Wastes: Sanitary Industrial Other

Type of Water: Private Well Public Water

Other approvals/certification/waivers/exemptions (attach):

- Checkboxes for U.S. Army Corp, NJDEP Flood Plain, and Other (specify).

Note: All applications must be accompanied by two (2) sets approved plot plan. These plans must include such things as the size of the lots, boundary lines, contours, locations of wells, specifications of the proposed septic systems, distances, materials, etc. Approved permeability tests and soil logs shall also be submitted.

Number of Lots this Submission: Total Amount Submitted:

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

Signature of Applicant

Date

FOR HEALTH DEPARTMENT USE ONLY

Application Fees Received:

Date: Initials: Application No.: