

**TOWNSHIP OF MENDHAM**  
 Health Department  
 P.O. Box 520, 2 West Main Street  
 Brookside, NJ 07926

**Application for  
 Certificate of Continued Use**  
 Of an Existing Individual Subsurface Sewage  
 Disposal System

<b>Certificate of Continued Use Fee:</b>	<b>Receipt #:</b>
<input type="checkbox"/> \$45	

DATE:	BLOCK:	LOT:
PROPERTY OWNER:	PHONE #:	
ADDRESS OF PROPERTY:	CITY:	STATE/ZIP:
MAILING ADDRESS (if different than above):		

Type of Facility:	<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	
On Site Inspection:	<input type="checkbox"/> Visual Check of Ground Surface	Date Performed: _____	
Tests Performed:	<input type="checkbox"/> Dye Test*	<input type="checkbox"/> Probe Test*	<input type="checkbox"/> Usage Test*
*All tests must be performed	Date Performed: _____	Date Performed: _____	Date Performed: _____

I certify that I personally made the on-site inspection of the subject property and conducted the tests as required by the Township of Mendham Board of Health Code, Chapter 383-18. I further certify that the inspection and tests did not reveal or produce evidence of any overflow of the system or evidence of any seepage from the system into any watercourse as defined in the State Standards, N.J.A.C. 7:9A-2.1.

Witnessed By:	Witnessed By:
_____	_____
Professional Engineer Name	Registered Environmental Health Specialist
On:	On:
_____	_____
Date	-OR- Date
_____	_____
Professional Engineer Signature	License #
_____	_____
License #	
_____	
Seal	

Filled with the Mendham Township Board of Health on: _____	By: _____
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