

TOWNSHIP OF MENDHAM

Health Department
P.O. Box 520, 2 West Main Street
Brookside, NJ 07926

**Standard Form for
Submission of Repairs**

"REPAIR" MEANS TO FIX, REFURBISH OR REPLACE ONE OR MORE COMPONENTS OF AN INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM IN A MANNER THAT WILL RESTORE, PRESERVE AND NOT CHANGE THE ORIGINAL LOCATION, DESIGN, CONSTRUCTION AND INSTALLATION, SIZE, CAPACITY, TYPE, OR NUMBER OF THE COMPONENTS OF THE SYSTEM.

Repair Fee Enclosed	Receipt #:
<input type="checkbox"/> \$120	

DATE:	ADDRESS:	BLOCK:	LOT:
OWNER/APPLICANT:		PHONE #:	
MAILING ADDRESS: (if different than above)		CITY:	STATE/ZIP:
OWNER/APPLICANT E-MAIL ADDRESS:			

1.	Type of Facility: <input type="checkbox"/> Residential _____ Number of Bedrooms <input type="checkbox"/> Commercial _____ Gallons/Day
2.	Reason for Repair: <input type="checkbox"/> Ponding/breakout onto the ground <input type="checkbox"/> Backup of sewage onto the ground <input type="checkbox"/> Result of septic system inspection (A copy of the NJDEP inspection form must be attached) or pumping <input type="checkbox"/> Select fill clogged <input type="checkbox"/> Other (Describe): _____
3.	Approximate Age of System: _____ Septic design on file: <input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Nature of Repair: <input type="checkbox"/> NJ Tank Replacement (type/size) _____ concrete (type/size) _____ Plastic/Fiberglass <input type="checkbox"/> Baffle <input type="checkbox"/> Riser <input type="checkbox"/> Distribution Box <input type="checkbox"/> Speed Levelers <input type="checkbox"/> Lid <input type="checkbox"/> Effluent Filter or Solids Retainer <input type="checkbox"/> Tank/Cesspool Abandonment <input type="checkbox"/> Dosing Tank (type/size): _____ <input type="checkbox"/> Connecting Line (Schedule 40 PVC or equivalent) size/length: _____ <input type="checkbox"/> Bed (LWD): _____ <input type="checkbox"/> Trenches (#of trenches, LWD): _____ <input type="checkbox"/> Seepage Pit (size): _____ <input type="checkbox"/> Pump Replacement (Must be rated same or equivalent horse power)

5. Proposed repair to be sketched on back of the application. Sketch to include the house, septic tank, trenches or bed, well location, other water courses and burial site. Please note: If repair work is **ONLY** a baffle or riser, then disposal field area does not need to be located on sketch. Also, please note that the burial site must be a minimum of 100' from any well or the material shall be transported to a licensed landfill. The waste line from the house to the septic tank is not part of the septic system. Inspection of this line is under the jurisdiction of the Municipality.

6.	Signature of Applicant: _____	Date: _____
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7.	Contractor/Excavator/Installer Information: _____ E-mail: _____ Name: _____ Phone Number: _____
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8.	Health Department Authorized Agent: _____
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Date of Application Approval: _____	Expiration Date: _____
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- This application approval is not to be considered a guarantee that the above mentioned repair will correct a malfunction, only that the repair is in conformance with chapter 9A, standards for individual Subsurface Sewage Disposal Systems.
- An alteration may be more appropriate to correct this malfunction. This would include soil testing and a septic design by an engineer.

PLEASE NOTE: THE APPLICANT IS RESPONSIBLE FOR OBTAINING ALL OTHER REQUIRED FEDERAL, STATE OR LOCAL APPROVALS PRIOR TO THE COMMENCEMENT OF WORK UNDER THIS APPROVAL, INCLUDING BUT NOT LIMITED TO, NJDEP PERMITS TO CONDUCT ACTIVITIES IN FRESHWATER WETLANDS, FRESHWATER WETLAND TRANSITION AREAS, OR FLOOD PLANE JURISDICTIONS. FAILURE TO OBTAIN THESE PERMITS PRIOR TO CONDUCTING REGULATED ACTIVITIES WITHIN THESE AREAS MAY RESULT IN REMOVAL OF THE SYSTEM AND OR THE ASSESSMENT OF SIGNIFICANT CIVIL PENALTIES.

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**REPAIR SKETCH
(ALL DISTANCES TO BE MEASURED FROM HOUSE)**

INSTALLATION FLOW SHEET

Date	Remarks	Inspector
	Pump Receipt Required: <input type="checkbox"/> Yes <input type="checkbox"/> No Pump Receipt Provided <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
	Wetlands Map: <input type="checkbox"/> Okay <input type="checkbox"/> Yes <input type="checkbox"/> No – See Comments Approval only for replacement of components stated on repair.	
	The repair is approved for only the components being replaced as stated on the permit. Any deviation will void the permit and require a re-submittal.	
	Septic tank, risers and inspection ports shall be tested for water tightness after installation and before filling, using hydrostatic or vacuum test: <input type="checkbox"/> Yes <input type="checkbox"/> No (FINAL PAPERWORK WILL NOT BE RELEASED WITHOUT THIS DOCUMENT)	
	OTHER NOTES:	

Installation Completion Date: _____	
Select Fill Certification Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	As-As Built Required: <input type="checkbox"/> Yes <input type="checkbox"/> No
Installation/Excavator Name: _____	
Phone Number: _____	