



BLOOMINGDALE HEALTH DEPARTMENT

101 Hamburg Turnpike
Bloomingtondale, New Jersey 07403
973-838-0778

APPLICATION FOR PERMIT TO CONSTRUCT/ALTER/REPAIR AN INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM

Form #1

PERMIT #:

General Information

1. Type of permit needed (check and fill-in applicable categories):
 - a. New Construction
 - b. Alteration/ No Expansion or Change in Use
 - c. Alteration/Expansion or Change in Use
 - d. Alteration/Malfunctioning system
 - e. Repair (in-kind replacement)/ Malfunctioning system
 - f. Repair (in-kind replacement)/ System is not malfunctioning
 - g. Deviation from standards
 - h. New system installed (existing structure)

2. Location of project:
Municipality _____ Block No. _____ Lot No. _____
Street address _____ Zip _____
3. Name of applicant (print): _____
4. Applicant's present address: _____
5. Applicant's phone number: _____
6. Type of facility:
 - Residential
 - Commercial/InstitutionalSpecial type of establishment: _____
7. Type of wastes to be discharged:
 - Sanitary Sewage
 - Industrial Wastes
 - Other (Specify Type) _____
8. If **d.** or **e.** in **1.** above are checked, indicate the type of malfunction and its cause (check all that apply):
 - Contamination of nearby wells or surface water bodies by sanitary sewage or effluent
 - Ponding or breakout of sanitary sewage or effluent onto the surface of the ground
 - Seepage of sanitary sewage or effluent into portions of building below ground
 - Back-up of sanitary sewage into the building served, which is not caused by a physical blockage of the internal plumbing
 - Any manner of leakage observed from components that are not designed to emit sanitary sewage or effluent
 - Direct discharges to ground water (no zone of treatment)Describe the cause of malfunction: _____

9. Please expand on Question 1, above, by checking if any of the following apply:
 - A privy, outhouse, latrine, or pit toilet is present, a system must be installed
 - A system must be upgraded as part of a real property transfer
 - A cesspool has been identified during a real property transfer and a conforming system must be installed
 - A malfunctioning cesspool has been identified and a conforming system must be installed

10. Other Approvals/Certifications/Waivers/Exemptions (attach to application:)

- Pinelands Commission
- Highlands Water Protection and Planning Act
- U.S. Army Corps of Engineers
- NJDEP – Bureau of Flood Plain Management
- Other – Specify: _____

11. I hereby certify that the information furnished on Form 1 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 AGENCY USE ONLY

- Application Denied – Reason for Denial/Citation of rules violated: _____
- Application Approved
- Application Approved Subject to Approval by NJDEP

Date of Action _____ Signature of Authorized Agent _____

Name and Title _____

PLEASE PROVIDE /ATTACH SKETCH BELOW (SHOW REPAIRS TO BE MADE.)