



# TOWNSHIP of MONTGOMERY

SOMERSET COUNTY

## DEPARTMENT OF HEALTH

Also serving the Boroughs of Hopewell, Pennington & Rocky Hill

2261 Route 206 Belle Mead, New Jersey 08502

Phone: 908-359-8211 Fax: 908-359-4308 Email: [Health@twp.montgomery.nj.us](mailto:Health@twp.montgomery.nj.us)

### SEPTIC REPAIR/ALTERATION APPLICATION

**(Please read the definitions below, check the appropriate category, & complete both sides of this form)**

**ALTERATION [\$150.00]** means any change in the physical configuration of an existing individual subsurface sewage disposal system or any of its component parts, such that there will be a change in the location, design, construction, size, capacity, type of, or number of one or more components. A permit to alter requires site evaluation and soil testing to be observed by the Administrative Authority. The alteration shall be made in conformance with plans and specifications prepared by a licensed New Jersey professional engineer and in conformance with N.J.A.C. 7:9A. Two (2) design copies signed and sealed by a professional engineer must be submitted with this application.

**Alternative Technology (i.e. peat moss system)**       **Conventional Technology**

**REPAIR [\$50.00]** means to fix, refurbish or replace one or more components of an individual subsurface sewage disposal system in a manner that will restore and preserve the original location, design, and construction of the system. A sketch of the location and size of all the existing septic system components and a detailed description of how the repair will be done must be included.

IS PROPERTY PART OF THE SEPTIC TANK MANAGEMENT DISTRICT ?     YES       NO\*

(\* If the property is not currently licensed in septic tank management district, an additional \$60 fee (\$25 for Alternative Systems) will be added & a septic tank management license application must be completed)

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#### PART I:

PROPERTY OWNER: \_\_\_\_\_ PHONE: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_ BLOCK: \_\_\_\_\_ LOT: \_\_\_\_\_

SYSTEM INSTALLER: \_\_\_\_\_

INSTALLER'S BUSINESS PHONE: \_\_\_\_\_

AGE OF EXISTING SEPTIC SYSTEM: \_\_\_\_\_

REASON FOR REPAIR/ALTERATION:

\_\_\_\_\_

IS PROPERTY WITHIN THE WETLANDS OR WETLANDS BUFFER AREA?     YES \*       NO

\* If yes: a Wetlands General Permit 25 authorization is required from the New Jersey D.E.P.

**PART II - SKETCH OF REPAIR:** (Please draw a detailed sketch of all system components)

**PART III:**

The property owner hereby recognizes that the issuance of a permit by the Administrative Authority to alter or repair the above specified system shall not be construed or relied upon as a guarantee that the system, as repaired or altered, will function satisfactorily, nor shall it in any way restrict the powers or responsibilities of the Administrative Authority in the enforcement of any law or ordinance relating to public health. Henceforth, the property owner further understands the septic system shall be subject to the provisions of the Montgomery Township Board of Health Septic Management Code.

\_\_\_\_\_  
Signature of property owner (required)

\_\_\_\_\_  
Date

**PART IV:**

I agree to install the sewage disposal system in accordance with the approved design and all applicable state and local codes. I understand that no deviations from the design will be allowed without specific prior approval of the Administrative Authority & the design engineer.

\_\_\_\_\_  
Signature of Installer (required)

\_\_\_\_\_  
Date

**PART V:** (to be completed by Health Department)

Alteration/Repair Permit No.: \_\_\_\_\_

Date Permit No. Issued: \_\_\_\_\_

# MONTGOMERY TOWNSHIP HEALTH DEPARTMENT

## **PART VI:** (To be completed only if property is not part of the Septic Tank Management District)

*I hereby apply for a license to operate, use, and maintain an on-site subsurface wastewater disposal system to serve the below designated property located within Montgomery Township. I certify that to the best of my knowledge, the information being furnished is true and correct.*

**Date of Application:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Health Department Use Only:**

**STM License Number:** \_\_\_\_\_

**PAYMENT:** Please attach a check for the license fee in the amount of **\$60.00** for conventional system or **\$25.00** for alternative system made payable to "Montgomery Township", 2261 Route 206, Belle Mead, NJ 08502. **Note:** Conventional system licenses are renewed every 3 years. Alternative technology system licenses are renewed annually.

**Name of Property Owner:** \_\_\_\_\_

**Address of System Location:** \_\_\_\_\_

**Location City, State, Zip Code:** \_\_\_\_\_

**Block:** \_\_\_\_\_ **Lot:** \_\_\_\_\_

**Phone #:** **Home:** ( ) \_\_\_\_\_ **Work:** ( ) \_\_\_\_\_

**1. The Septic System Serves:**

Single Family Residence      Number of Bedrooms: \_\_\_\_\_

Business Offices      Number of Employees: \_\_\_\_\_

Commercial Use      Type of Business: \_\_\_\_\_      Number of Employees: \_\_\_\_\_

**2. Year The System Was Installed:** \_\_\_\_\_

**3. Has A Previous Repair Been Done?**  No     Yes – Please give year of repair \_\_\_\_\_

**4. Size of Septic Tank:** \_\_\_\_\_ gallons

**Type of System:**

Gravity

Gravity Dosing - Size of Pump Tank \_\_\_\_\_ gallons

Pressure Dosing - Size of Pump Tank \_\_\_\_\_ gallons

Peat Biofilter

Aerobic (HOOT or similar technology)