



TOWNSHIP OF MOUNT OLIVE

DEPARTMENT OF HEALTH

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Public Health
Prevent. Promote. Protect.

INDIVIDUAL SEWAGE DISPOSAL SYSTEM APPLICATION

New Construction _____ Alteration/Repair _____ Date Submitted _____

Location of Property: Block _____ Lot _____ Size of Lot _____

Street _____ Tax Map No. _____

Name of Owner _____ Phone No. _____

Address _____

Installer's Name (Print) _____

Signature _____

Mt. Olive License # _____

This application for a Permit to Locate and Construct shall comply to N.J.D.E.P. "Standards for the Construction of Individual Sub-Surface Sewage Disposal Systems" and to Mt. Olive Township Ordinances.

Type of Building: Commercial _____ Single Family Dwelling _____ No. of Bedrooms _____

Building other than Single Family Dwelling: Type and Use _____

Estimated Value of Sanitary Sewage _____

SEPTIC TANKS (Minimum requirement- two (2) septic tanks for each system)

Gallons per day (G/D) _____

No. of Tanks _____ Capacity of Each _____ Construction Material _____

DISPOSAL BEDS/TRENCHES: Required Size _____ Proposed Size _____ Length _____ Width _____

Alteration/Repair Description:

WATER SUPPLY FOR THIS PROPERTY: Public _____ Private _____ Other _____

If a new construction is proposed with a private water supply, an approved well installation and yield must be obtained prior to issuance of the septic system permit.

Certificate of Qualified Person

I hereby certify that the information furnished on this application is true and accurate. I am aware that falsification of data is a violation of the Water Pollution Control Act (N.J.S.A. 58:10A-1 seq.) and the Mount Olive Township Ordinance and is subject to penalties as prescribed in N.J.A.C.7.14-8.

Signature _____ P.E. License No. _____ Date _____

Firm _____ Telephone No. _____

Address _____

Application Fee:

Alteration Repair:
\$125

New Residential:
\$300

New Commercial:
\$500

Our Vision: Healthy People Making Healthy Choices in a Healthy Environment

md 3/4/21