

MOUNT OLIVE TOWNSHIP
HEALTH CERTIFICATE APPLICATION

FEE: \$150 – I.S.D.S INSP.

FOR OFFICE USE ONLY

BOARD OF HEALTH

PO BOX 450

BUDD LAKE, N.J. 07828

(973) 691-0900

Date Received: _____

Amount Rec'd. _____

Receipt# _____

THIS IS AN APPLICATION FOR A BOARD OF HEALTH CERTIFICATE FOR
RENTAL, RE-RENTAL, LEASE, SALE, OR RE-SALE OF PROPERTY

1. Name, Address and Telephone Number of Present Owner: _____

2. Name, Address and Telephone Number of Purchaser or Lessee: _____

3. Address of Property: _____
_____ Block# _____ Lot# _____
4. Number of Bedrooms _____ or Other _____ Describe Usage _____
5. Name and Number of Realtor: _____
6. Attach any and all information regarding septic maintenance to supplement the application.
Proof of septic tank pumping of the 1st tank from a Mt. Olive licensed septic hauler within the last
(3) years, must be provided for resales. If the septic tank has not been cleaned out prior to receipt
of this application, DO NOT pump until after the inspection is completed.
7. If the sewage disposal system was installed after 1990, the inspection ports for the tank(s) and
the disposal area must be located and provided to grade prior to our inspection.
8. If a private septic system inspection is conducted, prior to our inspection, a copy of the report
must be provided to our Office.
9. If the resale or rental property is provided with a private well, the N.J.D.E.P. Private Well Testing
Act regulation must be adhered to. Rental properties must provide proof of compliance of the
N.J.D.E.P. Private well Testing Act as well as the water quality standards.
10. For a smoke/ carbon monoxide detector system inspection, the Township Fire Prevention Office
can be contacted at 973-691-0900, X-7325 , Fred DeToro or X-7326, Marc Muccione.
11. Address where Health Certificate should be mailed: _____
