

**MOUNT OLIVE TOWNSHIP
DEPARTMENT OF HEALTH**

**APPLICATION FOR RENEWAL OF LICENSE TO OPERATE
AN INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM**

1. PROPERTY ADDRESS: _____ BLOCK: _____ LOT: _____
STREET: _____
2. NAME OF APPLICATION (PRINT): _____
3. APPLICANT'S ADDRESS: _____
4. APPLICANT'S PHONE NUMBER: _____
5. OWNER'S NAME (IF DIFFERENT): _____
6. EXPIRATION DATE OF CURRENT LICENSE: _____ LIC.#: _____
7. DATE OF SEPTIC TANK PUMPED OUT: _____ (ATTACH COPY OF PUMPING RECEIPT)
8. IF SEPTIC TANK WAS NOT PUMPED OUT, PROVIDE THE FOLLOWING INFORMATION:
 - a. DATE OF LAST PUMPOUT: _____
 - b. BOTTOM OF SCUM LAYER TO BOTTOM OF OUTLET BAFFLE _____ FT.
 - c. TOP OF SLUDGE LAYER TO BOTTOM OF OUTLET BAFFLE: _____ FT.
9. INDICATE PROBLEMS IDENTIFIED DURING INSPECTION:

_____ SEPTIC TANK NOT ACCESSIBLE	_____ BAFFLES NEED REPAIR
_____ DOSING TANK NOT ACCESSIBLE	_____ SOLIDS IN DOSING TANK
_____ OPERATION/CONDITION OF PUMPS, SWITCHES, ALARMS, SIPHONS, ETC.	
_____ SOLIDS IN D-BOX	_____ D-BOX NOT LEVEL
_____ SETTLEMENT/IMPROPER GRADING	_____ ENCROACHMENTS IN DISPOSAL AREA
_____ BACK-UP INTO BLDG./PLUMBING	_____ SURFACE BREAKOUT/CR PONDING
_____ OTHER: (SPECIFY) _____	

10. I HEREBY CERTIFY THAT THE INFORMATION FURNISHED ON THIS APPLICATION AND ATTACHMENTS THERETO, IS TRUE AND ACCURATE. I AM AWARE THAT FALSIFICATION OF DATA IS SUBJECT TO PENALTIES AS DESCRIBED IN N.J. A.C. 7:14-8.

SIGNATURE OF THE SEPTIC INSPECTOR/TITLE

DATE

COMPANY NAME/ADDRESS: _____