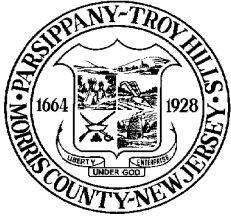


Parsippany - Troy Hills



1001 Parsippany Boulevard
Parsippany, New Jersey 07054
Tel: (973) 263-7160 Fax: (973) 299-1349
phealth@parsippany.net

HEALTH DEPARTMENT
Carlo DiLizia
Health Officer

No. _____

Application for Septic System

Application is hereby made for the construction _____ reconstruction _____
at _____ Block _____ Lot _____
Address

of an individual sewage or waste disposal system. The plans and Engineer's Report accompanying this application are a part thereof.

Facility served: one-family dwelling _____ other _____
Finished bedrooms _____ finished bathrooms _____ lot size _____
Expansion Attic: yes ___ no ___ Garbage grinder: yes ___ no ___
Automatic dishwasher: yes ___ no ___ Automatic washing machine yes ___ no ___
Fixtures in cellar _____
Source of water supply: _____ Design flow _____ gpd
Septic tank capacity: _____ Type: _____
Soil percolation test _____ minutes per inch drop; Depth to ground water (feet) _____
Proposed leaching facilities _____
(Constructed as disposal trenches, disposal bed, seepage pit)

NOTE: Plans required showing dwelling, property lines, sewage disposal systems, streams, water service, wells, separation distances, driveway, submit cross section and location of sewage system and soil log.

OWNER'S NAME _____ ADDRESS _____

LICENSED CONTRACTOR _____

CONSULTING ENGINEER _____

Date _____

Fee \$25.00

NOTES:

- NEW CONSTRUCTION: 1. Engineer must submit "As-Built" certification and sketch showing location of sewage system.
- RECONSTRUCTION: 1. Health Department must be contacted before back-fill.