

TOWNSHIP OF MENDHAM

**APPLICATION FOR CERTIFICATE FOR THE CONTINUED USE OF
AN EXISTING INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL
SYSTEM**

BLOCK _____ **LOT** _____

LOCATION _____

PROPERTY OWNER _____

PHONE _____

DATE OF INSPECTION AND TESTS _____

A. ON-SITE INSPECTION as required by Section BH:5-13a

1. VISUAL CHECK OF GROUND SURFACE _____

B. TESTS PERFORMED as required by Section BH:5-13b

1. DYE TEST _____

2. PROBE TEST _____

3. USAGE TEST _____

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I CERTIFY THAT I PERSONALLY MADE THE ON-SITE INSPECTION OF THE SUBJECT PROPERTY AND CONDUCTED THE TESTS AS REQUIRED BY ORDINANCE BH-3-91, SECTION BH:5-13, AND I FURTHER CERTIFY THAT THE INSPECTION AND TESTS DID NOT REVEAL OR PRODUCE EVIDENCE OF ANY OVERFLOW OF THE SYSTEM OR EVIDENCE OF ANY SEEPAGE FROM THE SYSTEM INTO ANY WATER COURSE AS DEFINED IN N.J.A.C. 7:9A-2.1.

DATE LICENSED ENGINEER LIC. #

SEAL

PRINT NAME

PHONE

ADDRESS

-OR- REGISTERED ENVIRONMENTAL HEALTH SPECIALIST

LIC. #

PRINT NAME _____

PHONE

ADDRESS

INSPECTION COMPANY (if applicable)

Filed with Mendham Township Board of Health on _____

By: _____