

Local Permit # \_\_\_\_\_

Fee: \$125.00 payable to Colts Neck Township

**TOWNSHIP OF COLTS NECK**  
**Colts Neck Health Department**  
**124 Cedar Drive, Colts Neck, New Jersey 07722**  
**Phone: 732-462-5470 Fax: 732-431-3173**

**Application for the REPAIR of an Individual Sewage Disposal System**

Date: \_\_\_\_\_

**LOCATION OF PROPOSED WORK:**

ADDRESS: \_\_\_\_\_ BLOCK: \_\_\_\_\_ LOT: \_\_\_\_\_  
PROPERTY OWNER: \_\_\_\_\_  
PHONE: \_\_\_\_\_

**TYPE OF BUILDING:**

RESIDENTIAL: \_\_\_\_\_ COMMERCIAL: \_\_\_\_\_ OTHER: \_\_\_\_\_  
NUMBER OF BEDROOMS: \_\_\_\_\_ GARBAGE DISPOSAL: YES \_\_\_\_\_ NO \_\_\_\_\_

**CONTRACTORS INFORMATION:**

NAME OF CONTRACTOR CONDUCTING WORK: \_\_\_\_\_  
ADDRESS OF CONTRACTOR: \_\_\_\_\_  
TELEPHONE NUMBER OF CONTRACTOR: \_\_\_\_\_

PROVIDE A DETAILED DESCRIPTION OF THE TYPE OF WORK PROPOSED: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LIST ALL COMPONENTS TO BE REPAIRED AND/OR REPLACED. INCLUDE MANUFACTURER'S NAME, SIZE OF COMPONENT AND ANY OTHER PERTINENT SPECIFICATION INFORMATION (ex. Septic tank – Mershon: 1,500 gallon 2 compartment; concrete reinforced)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ON BACK SKETCH THE PROPERTY TO BE SERVED SHOWING THE FOLLOWING:**

- 1. Location of structure
- 2. Location of septic system components (including connecting lines)
- 3. Approximate well location(s)
- 4. Location of proposed work

**The undersigned agrees to conduct all work in accordance with the provisions included in N.J.S.A. 7:9A as well as any other Township Requirements**

\_\_\_\_\_  
Signature of Contractor

\_\_\_\_\_  
Date