

APPLICATION FOR PERMIT TO CONSTRUCT/ALTER  
AN INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM  
Form 1 - General Information

1. Type of Permit Needed (Check applicable categories):
- |  |   |
|--|---|
| <input type="checkbox"/> a. New Construction                                   | <input type="checkbox"/> b. Alteration/No expansion or Change of Use                  |
| <input type="checkbox"/> c. Alteration/Expansion or Change in Use              | <input type="checkbox"/> d. Alteration/Malfunctioning System                          |
| <input type="checkbox"/> e. Repair (in-kind replacement)/Malfunctioning System | <input type="checkbox"/> f. Repair (in-kind replacement) System is not malfunctioning |
| <input type="checkbox"/> g. Deviation from Standards                           | <input type="checkbox"/> h. New system installed (existing structure)                 |

2. Location of Project:  
Municipality: Borough of Far Hills Block No. \_\_\_\_\_ Lot No. \_\_\_\_\_  
Street Address \_\_\_\_\_ Zip \_\_\_\_\_

3. Name of Applicant (print): \_\_\_\_\_

4. Applicant's Present Address: \_\_\_\_\_

5. Applicant's Phone Number: Day \_\_\_\_\_ Night \_\_\_\_\_

6. Type of Facility:  
 Residential     Commercial/Institutional     Specify Type of Establishment: \_\_\_\_\_

7. Type of Wastes to be Discharged:  
 Sanitary Sewage     Industrial Wastes     Other – Specify Type: \_\_\_\_\_

8. If d. or e. in 4. Above are checked, indicate the type of malfunction and its cause (check all that apply):
- Contamination of nearby wells or surface water bodies by sanitary sewage or effluent
  - Ponding or breakout of sanitary sewage or effluent onto the surface of the ground
  - Seepage of sanitary sewage or effluent into portions of building below ground
  - Back-up of sanitary sewage into the building served, which is not caused by a physical blockage of the internal plumbing
  - Any manner of leakage observed from components that are not designed to emit sanitary sewage or effluent
  - Direct discharges to ground water (no zone of treatment)

Describe the cause of the malfunction: \_\_\_\_\_

9. Please expand on Question #4, above, by checking if any of the following apply:
- A privy, outhouse, latrine or pit toilet is present, a system must be installed
  - A system must be upgraded as part of a real property transfer
  - A cesspool has been identified during a real property transfer and a conforming system must be installed
  - A malfunctioning cesspool has been identified and a conforming system must be installed

10. Other Approvals/Certification/Waivers/Exemptions (attach to application):

<input type="checkbox"/> U.S. Army Corps of Engineers	<input type="checkbox"/> N.J.D.E.P. – Bureau of Flood Plain Management
<input type="checkbox"/> Pinelands Commission	<input type="checkbox"/> Highlands Water Protection and Planning Act
<input type="checkbox"/> Other - Specify: _____	

11. I hereby certify that the information furnished on this application is true. I am aware that false swearing is a crime in this state and subject to prosecution.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR AGENCY USE ONLY**

Application Denied – Reason for Denial/Citation of Rules Violated: \_\_\_\_\_

Application Approved

Application Approved Subject to Approval of NJDEP

Date of Action: \_\_\_\_\_ Signature of Authorized Agent: \_\_\_\_\_

Name and Title: \_\_\_\_\_