

FRANKLIN LAKES BOARD OF HEALTH

480 DeKorte Drive, Franklin Lakes, NJ 07417

Phone: 201-891-4000, Ext 1209

nyarish@franklinlakes.org

SEPTIC SYSTEM PERMIT APPLICATION

LICENSEE/INSTALLER _____

BUSINESS ADDRESS _____

PROPERTY OWNER _____

PROPERTY ADDRESS _____

PROPERTY BLOCK/LOT _____

APPLICATION REQUIREMENTS:

1. All septic contractors working in Franklin Lakes must be licensed by the Franklin Lakes Board of Health.
2. All work shall be performed by the original septic installer licensee named herein and whose signature appears below. No work is to be delegated to a subcontractor or other entity.
3. The Franklin Lakes Board of Health shall be notified at least 2 business days (48 hours) in advance of the date work will commence. Applicant shall notify the Board of Health immediately of any cancellations, delays or changes in scheduled work.
4. Installer licensee must be present at all inspections.
5. Septic contractor must contact Board of Health to have work inspected before it is covered.
6. Inspections of septic tank installations must include witnessing of water tight testing. (N.J.A.C. 7:9A-8.2(m)).
7. Advanced Pretreatment Devices:
 - a) Advanced Pretreatment Devices to be installed only by a Certified NEHA Installer per N.J.A.C. 7:9A-3.17.
 - b) The Installation Permit MUST BE issued to a NEHA Certified Installer.
 - c) As per N.J.A.C. 7:9A-3.17 An authorized installer shall be physically present at all times during installation of an advanced pretreatment device and either install or directly oversee the installation of the advanced pretreatment device.
 - d) NEHA Certified Installers MUST be present at the inspection of the vacuum test/water tightness of the pre-treatment device.
8. Septic contractor must notify the Franklin Lakes Shade Tree Commission if trees need to be removed other than those within the immediate area of the septic system as per the approved site plan. All trees removed require homeowner to obtain a permit from the Shade Tree Commission; however trees within a 25' radius of the septic installation, alteration or repair are exempt from the fee requirement. Call 201-891-4000 X1221 prior to commencing with any work. If there is no answer, leave a message on the machine.

Date of Application

Signature of Applicant

Print Name

NEHA Expiration Date (if job includes an ATU) _____

Septic System Repairs to Existing System

1. Location of Project:

Municipality: Franklin Lakes Block _____ Lot _____

Address _____ Zip _____

Homeowner's name _____

Description of repair _____

2. Name of Applicant (Please Print) _____

3. Applicant's Present Address _____

4. Applicant's Phone Number _____

5. Type of facility : _____ Residential _____ Commercial

6. Type of Wastes to be Discharged: _____ Sanitary Sewage _____ Industrial Wastes

Other Specify- _____

7. Other Approvals/Certifications/Waivers/Exemptions (Attach to Application): _____ Pinelands Commission _____ US Army Corps of Engineers _____ NJDEP-Bureau of Flood Management _____ Other Specify _____

8. 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 _____

<u>FOR AGENCY USE ONLY</u>
_____ Application Denied - Reason for Denial/Citation of Rules Violated: _____
_____ Application Approved
_____ Application Approved, Subject to approval by NJDEP
Date of Action _____
Signature of Authorized Agent _____
Name and Title _____