

BOROUGH OF CLOSTER

DEPARTMENT OF HEALTH

JAMES M. FEDORKO
HEALTH OFFICER

BOROUGH HALL
201-784-0600 EXT.493
FAX No. 201-784-0371



JIN BAE
REGISTERED ENVIRONMENTAL
HEALTH SPECIALIST
BOH SECRETARY, LICENSING OFFICIAL
CERTIFIED MUNICIPAL REGISTRAR

DEMOLITION/ ABANDONMENT OF SEPTIC TANK(S) /WELL(S) PERMIT

APPLICATION/APPROVAL FEE: \$100 RE-INSPECTION FEE: \$50.00

Provide the Block, Lot, Property Address, Mailing Address, Contact Person's Name and Contact Person's Phone Number.

Provide a sketch of the property showing the road, location of all existing structures, location of the well and sewage system to be abandoned and any other information which may be helpful.

Septic system abandonment

- Pumping receipts from a **licensed septic pumper** will be needed for sewage disposal systems.
- If the septic system is to be removed from the site then **receipts from an appropriate disposal facility will be required.**
- For commercial sites the **material must be tested prior to removal to determine waste classification and appropriate disposal facility.**

The APPLICATION documents/fee must be paid to the **BOROUGH OF CLOSTER**, **BEFORE** any approval will be given to start of DEMOLITION/ABANDONMENT. Once you have provided the above information you will then need to call, please contact JIN BAE, Registered Environmental Health Specialist at 201-784-0600, x 493 or Email at to arrange a date for an inspector to meet the contact person on site to show us the abandonment has been completed.

NAME OF PROPERTY OWNER: _____

MAILING ADDRESS: _____

PROPERTY LOCATION (Street Address): _____ BLOCK# _____ LOT # _____

NAME and ADDRESS OF CONTACT PERSON (If different than property owner):

CONTACT PERSON'S PHONE NUMBER: _____

CONTACT PERSON'S EMAIL ADDRESS: _____

SEWAGE DISPOSAL SYSTEM DETAILS (Attach sketch of property)

NUMBER OF SEPTIC SYSTEMS ON THE PROPERTY: _____

YEAR WHEN EACH SEPTIC SYSTEM INSTALLED: (Indicate unknown if you do not know the date of installation)

WHAT TYPE OF SEWAGE DISPOSAL METHOD IS USED AT THE PROPERTY? (Circle the appropriate method).

MUNICIPAL SEWAGE

CESSPOOL(S)

SEPTIC TANK WITH:

DISPOSAL TRENCHES

DISPOSAL BED

SEEPAGE PIT

LOCATION OF SEPTIC SYSTEM RELATIVE TO BUILDING: (e.g. front of house, behind house etc.)

REASON FOR SEPTIC SYSTEM ABANDONMENT: (e.g. new septic system installed connected to municipal sewer, etc.)

IN CONSIDERATION OF SUCH LICENSE, APPLICANT AGREES TO COMPLY AT ALL TIMES WITH ALL STATUTES, ORDINANCES, RULES AND REGULATIONS OF BOTH THE NEW JERSEY DEPARTMENT OF HEALTH AND OF THE BOROUGH OF CLOSTER. LICENSE, IF GRANTED, IS UPON EXPRESS CONDITION OF ITS FORFEITURE OR REVOCATION IF CASE THE LICENSEE, HIS AGENT, OR SERVANT VIOLATES THE CONDITIONS SET FORTH HEREIN.

PLEASE NOTE:

➤ **APPLICATION MUST BE COMPLETED IN ITS ENTIRETY AND RETURNED WITH APPLICABLE FEE**

I hereby consent to inspection by the Closter Health Department and acknowledge that issuance and retention of this permit is contingent upon satisfactory compliance with state and local requirements, a copy of which I have received. BY SIGNING BELOW, I HEREBY UNDERSTAND AND COMPLY WITH ALL THE CONDITIONS SET FORTH IN THIS APPLICATION.

PRINT NAME AND SIGN

DATE

Office Use Only

Date Application Received _____

Date Approved: _____

Note:

Signature of Health Official: _____

Jin Bae, REHS