

**KINNELON BOROUGH HEALTH DEPARTMENT**

130 Kinnelon Road  
Kinnelon, New Jersey 07405  
973-838-5403

**APPLICATION FOR PERMIT TO CONSTRUCT/ALTER/REPAIR AN INDIVIDUAL SUBSURFACE  
SEWAGE DISPOSAL SYSTEM**

**PERMIT #:**

**Form #1  
General Information**

1. Type of permit needed (check and fill-in applicable categories):
  - a. New Construction
  - b. Alteration/ No Expansion or Change in Use
  - c. Alteration/Expansion or Change in Use
  - d. Alteration/Malfunctioning system
  - e. Repair (in-kind replacement)/ Malfunctioning system
  - f. Repair (in-kind replacement)/ System is not malfunctioning
  - g. Deviation from standards
  - h. New system installed (existing structure)
  
2. Location of project:  
Municipality \_\_\_\_\_ Block No. \_\_\_\_\_ Lot No. \_\_\_\_\_  
Street address \_\_\_\_\_ Zip \_\_\_\_\_
3. Name of applicant (print): \_\_\_\_\_
4. Applicant's present address: \_\_\_\_\_
5. Applicant's phone number: \_\_\_\_\_
6. Type of facility:
  - Residential
  - Commercial/InstitutionalSpecial type of establishment: \_\_\_\_\_
7. Type of wastes to be discharged:
  - Sanitary Sewage
  - Industrial Wastes
  - Other (Specify Type) \_\_\_\_\_
8. If **d.** or **e.** in **1.** 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 malfunction: \_\_\_\_\_
  
9. Please expand on Question 1, 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/Certifications/Waivers/Exemptions (attach to application:)

Pinelands Commission

Highlands Water Protection and Planning Act

U.S. Army Corps of Engineers

NJDEP – Bureau of Flood Plain Management

Other – Specify: \_\_\_\_\_

11. I hereby certify that the information furnished on Form 1 of this application is true. I am aware that false swearing is a crime in this State and subject to prosecution.

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

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**FOR AGENCY USE ONLY**

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 \_\_\_\_\_

**PLEASE PROVIDE /ATTACH SKETCH BELOW (SHOW REPAIRS TO BE MADE.)**