



## NORTHWEST BERGEN REGIONAL HEALTH COMMISSION

20 West Prospect Street  
Waldwick, New Jersey 07463  
Phone (201) 445-7217  
Fax (201) 445-4001

Angela R. Musella, Health Officer  
Darlene Mandeville, REHS  
Matthew Newton, REHS

### APPLICATION FOR APPROVAL OF SEPTIC SYSTEM ABANDONMENT

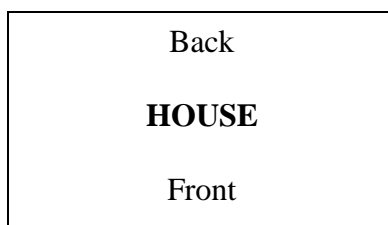
Homeowner's Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Block \_\_\_\_\_ Lot \_\_\_\_\_

I certify that all the septic components at the above named property have been field located and identified. Any and all septic tanks and seepage pits have been disconnected, pumped, and backfilled with sand.

- Number of components: Septic Tanks \_\_\_\_\_ Seepage Pits \_\_\_\_\_ Field \_\_\_\_\_  
**(Attach copy of pump out bill)**
- **\$25.00** cash or check (make payable to \_\_\_\_\_)
- As-Built sketch, including sewer line location (label all components)



Signature

Company Name

Address

Phone

Health Department Approval

Date