BRIDGEWATER TOWNSHIP HEALTH DIVISION
100 COMMONS WAY
BRIDGEWATER, NEW JERSEY 08807
PHONE: 908-725-6300 EXT 5210 or 5205
FAX: 908-595-0825

APPLICATION FOR PERMIT TO LOCATE AND CONSTRUCT AN INDIVIDUAL SEWAGE DISPOSAL SYSTEM

Block: _____ Lot: _____

Property Address: _____

City: _____ State: _____ Zip: _____

Applicant Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell # _____ Email: _____

Contractor Name: _____ Contact Number: _____

NOTE: If conducting a repair, please sketch drawing on the back of this application.

The Health Division requires at least 48 hours notice for the scheduling of inspection.

Please Check:

Alteration ($200.00) _____ **Dye Test ($50.00)** _____

New Construction ($300.00) _____ **Septic Tank Pumping Receipt Filing Fee ($5.00)**_____

Repair ($75.00) _____ **Permit to Operate upon Installation, alteration, repair ($100.00)** _____

Installation of a temporary holding tank ($50) _____

ADVANCED WASTEWATER TREATMENT SYSTEM

Initial license fee (make sure to have the deed restriction and maintenance agreement submitted to Health Division prior to final approval) ($100.00) _____

Annual Renewal Fee ($50.00) _____

Annual Report Filing Fee ($15.00) _____

Checks made payable to Bridgewater Township

Total Amount Paid: $_____

Signature of Applicant _____ Date_____

RECEIVED BY: _____ CASH _____ CHECK# _____