MONTGOMERY TOWNSHIP HEALTH DEPARTMENT
ONSITE WASTEWATER DISPOSAL MANAGEMENT DISTRICT
SEPTIC TANK MANAGEMENT ANNUAL LICENSE RENEWAL APPLICATION
FOR ALTERNATIVE SEPTIC SYSTEMS

I hereby apply for a license to operate, use and maintain an onsite subsurface wastewater disposal system to serve the below designated property located within Montgomery Township. I certify that to the best of my knowledge, the information being furnished is true and correct.

Date of Application: _____ **Signature:** _____

Health Department Use Only | **STM License Number**: _____

Please attach a check in the amount of **$25.00** made payable to: "Township of Montgomery".
Please mail all paperwork to the Health Department 2261 Route 206, Belle Mead, NJ 08502

Name of Property Owner: (print) _____

Address of System Location: _____
Post Office & Zip Code: _____

Phone No. Home: ( ) _____ **Block No.:** _____**Lot No.:** _____
Work: ( ) _____

1. **The septic system serves:** *(Please check)*:
   - ☐ Single Family Residence No. of Bedrooms: _____
   - ☐ Commercial Use Type of Business: _____ No. of Employees: _____

2. Year the system was installed: _____
3. Has the system *ever* been **repaired or altered?** ☐ No ☐ Yes Year _____

4. **The following are prerequisites for the renewal of your license:**
   - **a.** Attach a copy of the **pumping/inspection receipt** showing **gallons pumped** and the **date of pumping/inspection.** ☐ pumping required this renewal ☐ pumping not required
   - **b.** Include a copy of the **annual inspection** conducted by the system manufacturer or the manufacturer's agent.
5. Are you now experiencing any of the following problems with your system? (*please check all that apply*)
   - ☐ Sewage backs up into home. ☐ Septic odors are present
   - ☐ There is surface ponding and/or septic water breakout over the septic field.
   - ☐ Other Malfunction; Specify: _____
   - ☐ My system operates trouble-free

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