



Borough of Watchung

BOARD OF HEALTH

For Office Use Only

Permit Number: _____

Permit Year: _____

Payment Amount: _____

PERMIT TO PUMP AND ABANDON A SEPTIC SYSTEM

Date of Application: _____

Owners Name: _____

Address: _____

Phone and Email: _____

Block: _____ Lot: _____

FEE SCHEDULE:

Abandon System: **\$50.00**

Pump System Prior To Abandonment: **\$ 5.00**

Application Review Fee **\$ 5.00**

Total Due: \$ 60.00

(Checks Payable to The Borough of Watchung)

Signature

Date

PLEASE INCLUDE A COPY OF THE WORK ORDER FROM SEPTIC CONTRACTOR

cc: Engineering Department
Building Department

Permit Approved By: _____

Date Approved: _____

Kevin Sumner, Health Officer (732) 968-5151
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Permits/Applications www.watchungnj.com