

Jeffrey S. Martin
Mayor



Public Health
Prevent. Promote. Protect.

Kathleen Fitzgerald, Director
Chris Hellwig, Health Officer

TOWNSHIP OF HAMILTON

DEPARTMENT OF HEALTH, RECREATION, SENIORS, AND VETERANS SERVICES

DIVISION OF HEALTH – 2100 Greenwood Avenue, Hamilton, NJ 08609 *Office (609) 890-3828 *Fax (609) 890-6093

Individual Subsurface Sewage Disposal System / Potable Well Water Review Application for Resale of Home / Rental Property

OWNERSHIP INFORMATION

Name of Owner: _____

Address: _____

City: _____

State: _____

Zip: _____

Email: _____

Phone Number: _____

PROPERTY INFORMATION

Address: _____

Zip: _____

Block: _____

Lot: _____

Check all that apply:

Individual Subsurface Sewage Disposal System (ISSDS) Potable Well Water Review (PWTA)

Owner Realtor Attorney Other

Signature of Applicant

Date

FEE SCHEDULE: \$50.00

NOTE: ISSDS shall be inspected in accordance with NJAC 7:9A Appendix E. System Inspection Protocol and reported on Appendix F. ISSDS Inspection Reporting Form. Private potable well shall be tested for parameters set forth in NJAC 7:9E-2.1 Private Well Testing Act rules.

HEALTH DEPARTMENT USE ONLY

Date received: _____

Date fee paid: _____

Date reviewed: _____

Date approved: _____

Date approval sent to Housing Department: _____

APPROVED

REHS: _____ Signature: _____
(Print name)