

# Board of County Commissioners

MOUNT HOLLY, NEW JERSEY

08060



Burlington County Health Dept.  
Raphael Meadow Health Center  
15 Pioneer Boulevard  
P.O. Box 6000  
Westampton, N.J. 08060

## CERTIFICATE OF COMPLIANCE

Tele: (609) 265-5548

Fax: (609) 265-5541

### Part A --- General Information

Permit Number \_\_\_\_\_

#### 1 Permitted Activities (Check applicable categories):

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> New Construction         | <input type="checkbox"/> Alteration/ Expansion or Change in Use | <input type="checkbox"/> Alteration/ Malfunctioning System         |
| <input type="checkbox"/> Deviation from Standards | <input type="checkbox"/> Repairs to Existing System             | <input type="checkbox"/> Alteration/ No Expansion or Change of use |

#### 2 Location of Project:

Municipality \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_  
Street Address \_\_\_\_\_ Zip \_\_\_\_\_

3 Name and Present Address of Applicant: \_\_\_\_\_

Applicants Phone Number: \_\_\_\_\_

### Part B --- Engineer's Certification

I certify under penalty of law that the subsurface sewage disposal system identified in Pan A has been located, constructed, installed or altered in compliance with the requirements of N.J.A.C. 7:9A-1 and the Application to Construct/Alter/Repair an Individual Subsurface Sewage Disposal system which was approved by the administrative authority. I am aware there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature \_\_\_\_\_

**SEAL**

Name (Type or Print), License # \_\_\_\_\_

Date \_\_\_\_\_

### Part C --- Certification by Administrative Authority

I certify under penalty of law that the subsurface sewage disposal system identified in Part A has been located, constructed, installed or altered in compliance with the requirements of N.J.A.C. 7:9A-1 and the Application to Construct/Alter/Repair an Individual Subsurface Sewage Disposal system which was approved by the administrative authority. I am aware there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Authorized Signature \_\_\_\_\_ Type of License Held \_\_\_\_\_

Name (Typed or Printed) \_\_\_\_\_ License Number \_\_\_\_\_

Date: \_\_\_\_\_

### FOR AGENCY USE ONLY

<b>Date Received:</b> _____	<input type="checkbox"/> Complete	<input type="checkbox"/> Incomplete
<b>From Determined to Be:</b>		<b>Date Returned:</b> _____
		<b>Date Received:</b> _____
<b>Date Certification Approved:</b> _____		
<b>Authorized Signature:</b> _____		

**PART A MUST BE COMPLETED**

**EITHER PART B OR C MUST BE COMPLETED**