



# NJDEP/County Health Department Certificate of Compliance Form

## Part A – General Information

PC Application Number \_\_\_\_\_

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

- New Construction     Alteration/Expansion or Change in Use     Alteration/Malfunctioning System
- Deviation From Standards     Repairs to Existing System     Alteration/No Expansion or Change

### 2. Location of Project

Municipality \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

Street Address \_\_\_\_\_ Zip \_\_\_\_\_

### 3. Name and Present Address of Applicant \_\_\_\_\_

Applicant Phone Number \_\_\_\_\_

## Part B – Professional Engineer’s Certification

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.

(Signature) \_\_\_\_\_

\_\_\_\_\_  
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

Date Received: \_\_\_\_\_ Form Determined to be:  Complete  Incomplete  
 Date Returned: \_\_\_\_\_ Date Received: \_\_\_\_\_

Date Certification Approved: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

**PART A MUST BE COMPLETED**

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