MONTGOMERY TOWNSHIP HEALTH DEPARTMENT ONSITE WASTEWATER DISPOSAL MANAGEMENT DISTRICT SEPTIC TANK MANAGEMENT LICENSE RENEWAL APPLICATION

Invoice Date:	Health Department Use Only Amount Due: \$60.00 if paid by due date. STM License #:
	0.00 payable to "Montgomery Township." Please write legibly & mail all renewal wnship Health Department at 100 Community Drive, Skillman, NJ 08558.**
Name of Property Owner:	
Address in town of septic loca	tion:
Mailing address (if different):	
City / State / Zip:	
Block: Lot: _	
Email: (required)	check box if you'd prefer paperless renewal next time
Phone: ()	
* *	A Single Family Residence Number of Bedrooms: # of Employees:
2. Year the septic system was in	stalled:
a. If your septic tank is	nust have the septic tank <u>pumped or inspected</u> within the past three (3) years . equipped with an effluent filter, it must also be cleaned at the time of pumping. nping/inspection report. Pumping invoices <u>must</u> show gallons pumped & date of pumping.
4. Are you now experiencing a	ny of the following problems with your system? (Please check all that apply)
Sewage backs up into h Septic odors are present There is surface pondin Other Malfunction; Spe My system operates tro	g and/or septic water breakout over the septic field. cify:
	rate, use & maintain an onsite subsurface wastewater disposal system to serve the above designated hip. I certify that to the best of my knowledge, the information being furnished is true & correct.
→ Date of Application:	Signature:
Any questions, con	stact the Health Department at: (908) 359-8211 or Health@montgomerynj.gov

Failure to renew the septic management license may result in fines & penalties as prescribed by Board of Health Code.

