



# BOROUGH OF LINCOLN PARK

HEALTH DEPARTMENT

34 CHAPEL HILL ROAD, LINCOLN PARK, N.J. 07035

(973)-270-2040 \* fax: (973) 270-2041

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## APPLICATION FOR SEPTIC PUMPING PERMIT

1. Location of Project:  
Street \_\_\_\_\_  
Block \_\_\_\_\_ Lot \_\_\_\_\_
2. Name of Applicant  
(print): \_\_\_\_\_
3. Applicant's Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone # \_\_\_\_\_
4. Contractor Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone # \_\_\_\_\_

I hereby certify that I am familiar with the information contained in this application and to the best of my knowledge and belief such information is true, complete, and accurate. I understand that giving false information is perjury and is subject to NJ prosecution laws.

Signature of Applicant \_\_\_\_\_  
Date \_\_\_\_\_

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**FOR HEALTH DEPARTMENT USE ONLY**

\_\_\_\_\_ Application Approved    \_\_\_\_\_ Application Approved Subject to Approval By NJDEP  
\_\_\_\_\_ Application Denied.  
Reason for denial/citation of Rules violated:  
\_\_\_\_\_

Signature of Authorized Agent \_\_\_\_\_ Title \_\_\_\_\_  
Date \_\_\_\_\_