



BOARD OF HEALTH  
BOROUGH OF CHESTER

50 North Road, Chester, New Jersey 07930

(908) 879 3660 x 2128

Fax (908) 879 0122

APPLICATION FOR SEPTIC REPAIR

This application must be completed and filed with the Board of Health; the fee of \$100.00 must be received prior to beginning of the repair of the septic.

Location of Property \_\_\_\_\_

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

Name of Applicant \_\_\_\_\_ Telephone# \_\_\_\_\_

Address of Applicant \_\_\_\_\_ Fax # \_\_\_\_\_

\_\_\_\_\_

Name of Engineer \_\_\_\_\_ Tel. # \_\_\_\_\_

Address \_\_\_\_\_ FAX# \_\_\_\_\_

Please describe repair to be performed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_  
Date

Septic Repair Fee \$100.00

Check # \_\_\_\_\_