CHESTER TOWNSHIP HEALTH DEPARTMENT
Morris County
CERTIFICATE OF COMPLIANCE

Project Information:

Name Leslie Brown

Street Address 5 Ironia Rd

Permit Number 216 Block 51.01 Lot 5

Check Type of Permitted Activity:

_____ New Construction

__X__ Alteration/ No Expansion or Change of Use

_____ Alteration/ Expansion or Change of Use

_____ Alteration/ Malfunctioning System

_____ Deviation from Standards

_____ Repairs to Existing System

This is to certify that the above referenced subsurface sewage disposal system has been located, constructed, installed or altered in compliance with the requirements of N.J.A.C. 7:9A-1, the ordinances of the Chester Township Board of Health and the Application to Construct/ Alter/ Repair an Individual Subsurface Sewage Disposal System which was approved by the administrative authority. I am aware that there are significant penalties for submitting false information including the possibility of a fine and imprisonment.

The issuance of this certificate shall not be construed as a guarantee that the system will function satisfactorily nor shall it in any way restrict the powers or responsibilities of the Board of Health in the enforcement of any law or ordinance relating to public health.

Authorized Signature

Kurt Bocklbrader

Name

6/13/16

Date

REHS

Type of License Held

R2253

License Number