

MANTUA TOWNSHIP
MUNICIPAL UTILITIES AUTHORITY

401 Main Street
Mantua, New Jersey 08051
Phone: (856) 468-1111 Fax: (856) 464-0034

FORM E (Existing): **APPLICATION FOR REPAIR OF PRIVATE SEWER AND/OR WATER SYSTEM FOR A INDIVIDUAL DWELLING UNIT**

FILING FEE: **No Charge for Existing Well or Septic System.**

APPLICANT: Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____

SERVICE LOCATION: Tax Map: Block: _____ Lot: _____

Signature of Applicant

Date

ACTION BY THE AUTHORITY:
The application and supporting data will be reviewed by the Authority. If it is determined that it is feasible to extend service the applicant will be notified of the Authority's approval and the connection fee, meter service charges and/or other charges as per the Rates, Rules and Regulations of the Mantua Township M.U.A. If it is NOT, feasible to extend service, a letter of APPROVAL TO INSTALL ONSITE SANITARY SEWER AND/OR POTABLE WATER SYSTEM AS APPROVED BY THE BOARD OF HEALTH will be issued to the applicant, the Gloucester County Board of Health, and the Building Inspector.

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FOR OFFICE USE ONLY:

Application Received: _____
Application Type: Water _____ Sewer _____
Action: Not Feasible _____ Reviewed by: _____
Approved by: _____ Date: _____
Letter of Approval for Onsite Water and/or Sewer Issued: YES NO (Circle One)