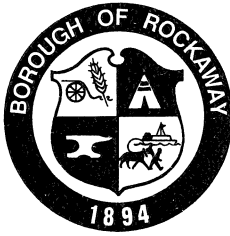


Borough of Rockaway



MUNICIPAL BUILDING • 1 EAST MAIN STREET • ROCKAWAY, NEW JERSEY 07866

APPLICATION FOR SEWER DYE TEST

DATE: _____

The undersigned hereby requests the Borough of Rockaway to provide a dye test to confirm sewer service to premises located on _____, known as Block _____, Lot _____, in the Borough of Rockaway, County of Morris, subject to regulations now or hereafter to be adopted concerning the supply and use of sewer service in the Borough, and do hereby agree to pay therefore, without demand, the rate established by the Borough for such test and test results.

Abandonment of a septic system or well is covered by the local Health Dept. Call 973-989-7050 at least 24 hours before the system is pumped out and filled in or the well is sealed by a licensed well driller.

You MUST attach the following:

- a check for the dye test fee of \$50.00.

Property Owner: _____
Print Name Clearly

Property Owner: _____
Signature

Property Owner's Address: _____

Property Owner's Telephone Number: _____

You will be contacted by the Department of Public Works to set up a mutually agreeable time to conduct the dye test between the hours of 7:30 a.m. and 3:00 p.m. The test should be completed within one hour.

(FOR OFFICE USE ONLY)

Service Fee \$50.00 Check No. _____ Date: _____

Dye test performed Date: _____ By: _____

Results:

- Property is connected to Borough's sanitary sewer.
- Property is not connected to Borough's sanitary sewer.

Copies to: Property Owner Clerk Health Dept. Public Works Dept. Water Clerk