Borough of Medford Lakes
Wastewater Department
Application for Certificate of Extraneous Flow Elimination Compliance

(Sump Pump, Roof and Floor Drain Inspection)

Street Address: _____

Block #: _____

Lot #: _____

Owner: _____

Owner's Phone #: _____

Occupant **(if different from owner):** _____

Occupant's Phone #: _____

Owner's Authorized Sales Agent: _____

Sales Agent's Firm: _____

Owner's Authorized Agent Phone #: _____

Settlement Date: _____

Appointments must be scheduled with the Wastewater Department.
Office hours are from 7:00 AM to 3:30 PM Monday through Friday

Office Use Only:

Payment Received: Check _____ Cash _____
Date Received: _____
Received by: _____
Inspection Performed : _____
Certificate Issued: _____
Inspector: _____

Borough of Medford Lakes Wastewater
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Medford Lakes, NJ 08055
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