



Borough of Medford Lakes
1 Cabin Circle Medford Lakes, NJ 08055

WASTEWATER DEPARTMENT

Application for Certificate of Extraneous Flow Elimination Compliance
[Sump Pump/Roof/Floor Drain Inspection]

Address: _____ Medford Lakes, NJ

Block: _____ Lot(s): _____

Owner: _____

Phone#: _____ Email: _____

Occupant: _____ ☐ Same as Owner

Phone#: _____ Email: _____

Authorized Sales Agent: _____

Sales Agent's Firm: _____

Phone#: _____ Email: _____

Settlement Date: _____

Fees

More than 10 Business Days Prior to Settlement: **\$50**

4-10 Business Days Prior to Settlement: **\$70**

Less than 4 Business Days Prior to Settlement: **\$125**

Re-Inspection: **\$35**

Inspector will contact applicant once paid application is received.
Office hours are Monday-Friday 7a-2:30p

Office Use Only

Payment Amount: _____ ☐ Cash ☐ Check #: _____

Date Received: _____ Received By: _____

Date Inspection Completed: _____

Certificate Issued: ☐ Pass ☐ Fail: _____

Reason for Failure

INSPECTOR

SIGNATURE

DATE

Borough of Medford Lakes Wastewater
14 Stokes Road Medford Lakes, NJ
Office (609) 654-2013 • Fax (609) 654-2002