

HEALTH DEPARTMENT  
 TOWNSHIP OF MIDDLETOWN  
 MIDDLETOWN, NEW JERSEY  
 (732) 615-2096  
 FAX: (732) 671-8697

PERMIT NO: \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICATION FOR AN INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL PERMIT

TO LOCATE & CONSTRUCT

TO ALTER

TO REPAIR

LOCATION ADDRESS \_\_\_\_\_ BLOCK NO.: \_\_\_\_\_ LOT NO.: \_\_\_\_\_

OWNER (PRINT) \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_

NAME & ADDRESS OF CONTRACTOR (PRINT) \_\_\_\_\_

REPAIRS

RE-STONING OLD PITS

REPLACING SEPTIC TANK

REPLACING BROKEN LATERAL

OTHER

ALTERATIONS AND NEW SYSTEMS

TYPE OF BUILDING  RESIDENTIAL  OTHER SQ. FT. \_\_\_\_\_

NO. OF BEDROOMS \_\_\_\_\_ EXPANSION ROOM/ATTIC  YES  NO

GARBAGE GRINDER  YES  NO VOLUME OF SANITY SEWAGE (GAL) \_\_\_\_\_

WASHING MACHINE  YES  NO SEPARATE SYSTEM FOR LAUNDRY  YES  NO

AGE OF PRESENT SYSTEM \_\_\_\_\_ DATE OF LAST SEPTIC TANK PUMPING \_\_\_\_\_

PRETREATMENT

A) SEPTIC TANK MATERIAL \_\_\_\_\_ CAPACITY (GAL) \_\_\_\_\_

B) DISTRIBUTION BOX MATERIAL \_\_\_\_\_ NUMBER OF OPENINGS \_\_\_\_\_

C) DOSING TANK MATERIAL \_\_\_\_\_ CAPACITY (GAL) \_\_\_\_\_

DISPOSAL BED SEEPAGE PITS - ALTERATIONS, NEW SYSTEMS

WIDTH/LENGTH \_\_\_\_\_

TYPE OF PIPE \_\_\_\_\_ NUMBER OF PITS INVOLVED \_\_\_\_\_

LENGTH OF PIPE \_\_\_\_\_ MATERIAL \_\_\_\_\_

DISTANCE BETWEEN LATERALS \_\_\_\_\_ LENGTH/WIDTH/HEIGHT (OR DIAMETER) \_\_\_\_\_

REQUIRED AREA \_\_\_\_\_ REQUIRED AREA \_\_\_\_\_

DESIGN AREA \_\_\_\_\_ DESIGN AREA \_\_\_\_\_

CERTIFYING ENGINEER & ADDRESS \_\_\_\_\_

ENGINEERS' PHONE # \_\_\_\_\_ DATE OF SOIL LOG \_\_\_\_\_ HEALTH DEPT. WITNESS \_\_\_\_\_

FOR OFFICE USE ONLY

FEES PAID: YES NO

REPAIRS-\$100 SOIL LOGS-\$125 PLAN REVIEW-\$75 PERMIT-\$45 GIS \$15

DATE PAID \_\_\_\_\_ CASH \_\_\_\_\_ CHECK NO. \_\_\_\_\_

DATE RECEIVED PLANS \_\_\_\_\_ DATE RECEIVED SOIL LOGS/ANALYSIS \_\_\_\_\_