

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 STSTEMS

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

WIDTH/LENGTH _____

SEEPAGE PITS - ALTERATIONS, NEW SYSTEMS

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 _____