

The Township of Middletown, Department of Health

1 Kings Highway, Middletown, NJ 07748

Phone 732 615-2096, Fax 732 865-7392

APPLICATION FOR AN INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL PERMIT

TO LOCATE & CONSTRUCT

TO ALTER

TO REPAIR

Location Address _____ BLOCK NO.: _____ LOT NO.: _____

Owner's Name _____

Present Address _____

Name & address of Contractor

ADDRESS

REPAIRS & RE-STONING OLD PITS OF **CONTRACTOR** (PRINT)
 REPLACING BROKEN LATERAL REPLACING SEPTIC TANK
 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 _____