

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 SEPTIC TANK
 REPLACING BROKEN LATERAL OTHER

ALTERATIONS AND NEW STSTEMS	
TYPE OF BUILDING <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> OTHER	SO. FT. _____
NO. OF BEDROOMS _____	EXPANSION ROOM/ATTIC <input type="checkbox"/> YES <input type="checkbox"/> NO
GARBAGE GRINDER <input type="checkbox"/> YES <input type="checkbox"/> NO	VOLUME OF SANITY SEWAGE (GAL) _____
WASHING MACHINE <input type="checkbox"/> YES <input type="checkbox"/> NO	SEPARATE SYSTEM FOR LAUNDRY <input type="checkbox"/> YES <input type="checkbox"/> 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 ADDRESS _____ **ENGINEER** _____ **& 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 _____