

# THE TOWNSHIP OF MIDDLETOWN, DEPARTMENT OF HEALTH

1 Kings Highway, Middletown, NJ 07748

732 615-2095

## APPLICATION FOR AN INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL PERMIT

To Locate & Construct       To Alter       To Repair

Location Address      Block #      Lot #

Owners Name

Present Address

Name & Address of Contractor

<b>REPAIRS</b>	<input type="checkbox"/> Re-Stoning Old Pits	<input type="checkbox"/> Replacing Septic Tank
	<input type="checkbox"/> Replacing Broken Lateral	<input type="checkbox"/> Other

### ALTERATIONS & NEW SYSTEMS

Type of building:  Residential       Other      SQ FT \_\_\_\_\_

# of Bedrooms \_\_\_\_\_

Expansion Room/Attic

Yes       No

Garbage Grinder  Yes  No

Separate System for Laundry

Yes       No

Washing Machine  Yes  No

Volume of Sanitary Sewage (Gal) \_\_\_\_\_

Age of Present system \_\_\_\_\_

Date of Last Septic Tank Pumping \_\_\_\_\_

### PRE-TREATMENT

Septic Tank      Material \_\_\_\_\_      Capacity (Gal) \_\_\_\_\_

Distribution Box      Material \_\_\_\_\_      # of Openings \_\_\_\_\_

Dosing Tank      Material \_\_\_\_\_      Capacity (Gal) \_\_\_\_\_

### DISPOSAL BED

Width/Length \_\_\_\_\_

### SEEPAGE PITS - ALTERATIONS, NEW SYSTEMS

# of Pits Involved \_\_\_\_\_

Type of Pipe \_\_\_\_\_

Material \_\_\_\_\_

Length of Pipe \_\_\_\_\_

Length/Width/Height (or Diameter) \_\_\_\_\_

Distance between Laterals \_\_\_\_\_

Required Area \_\_\_\_\_

Required Area \_\_\_\_\_

Design Area \_\_\_\_\_

Design Area \_\_\_\_\_

Certifying Engineer & Address \_\_\_\_\_

Soil Log Date:

Health Dept. Witness

Engineer's Phone # \_\_\_\_\_

### FOR HEALTH DEPT. USE ONLY

Date RCVD Plans      Date Paid      Check #      Cash

Repairs - \$100      Soil Logs - \$175      Plan Review - \$125      Permit - \$45      GIS - \$15

Permit #      Date Issued      Date RCVD Soil Logs/Analysis